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ABSTRACT

This compilation of extensive facts and figures on topics pertaining to America's children and families is a ready reference for journalists, advocates, and others who need easy access to data on conditions and trends. The book's first nine chapters are: (1) "The Changing American Family"; (2) "Children's Growth and Development"; (3) "Family Income Security"; (4) "Children's Health"; (5) "School Readiness and School Performance"; (6) "Youth at Risk"; (7) "Family Strengths and Supports"; (8) "Vulnerable Children and Families"; and (9) "Public Expenditures for Children." Each of these chapters presents a summary of recent information on the topic and brief descriptions of relevant federal programs, and each chapter includes references in the form of extensive endnotes. The 10th and final chapter summarizes the National Commission on Children's recommendations and is designed to serve as a blueprint for strengthening families and promoting the healthy development of all the nation's children. The approximately 40 recommendations made by the Commission relate to ensuring income security, improving health, increasing educational achievement, preparing adolescents for adulthood, strengthening and supporting families, protecting vulnerable children and their families, making policies and programs work, creating a moral climate for children, and investing in America's future. (SM)

ED 367 434

JUST THE FACTS

A Summary of Recent Information on America's Children and Their Families

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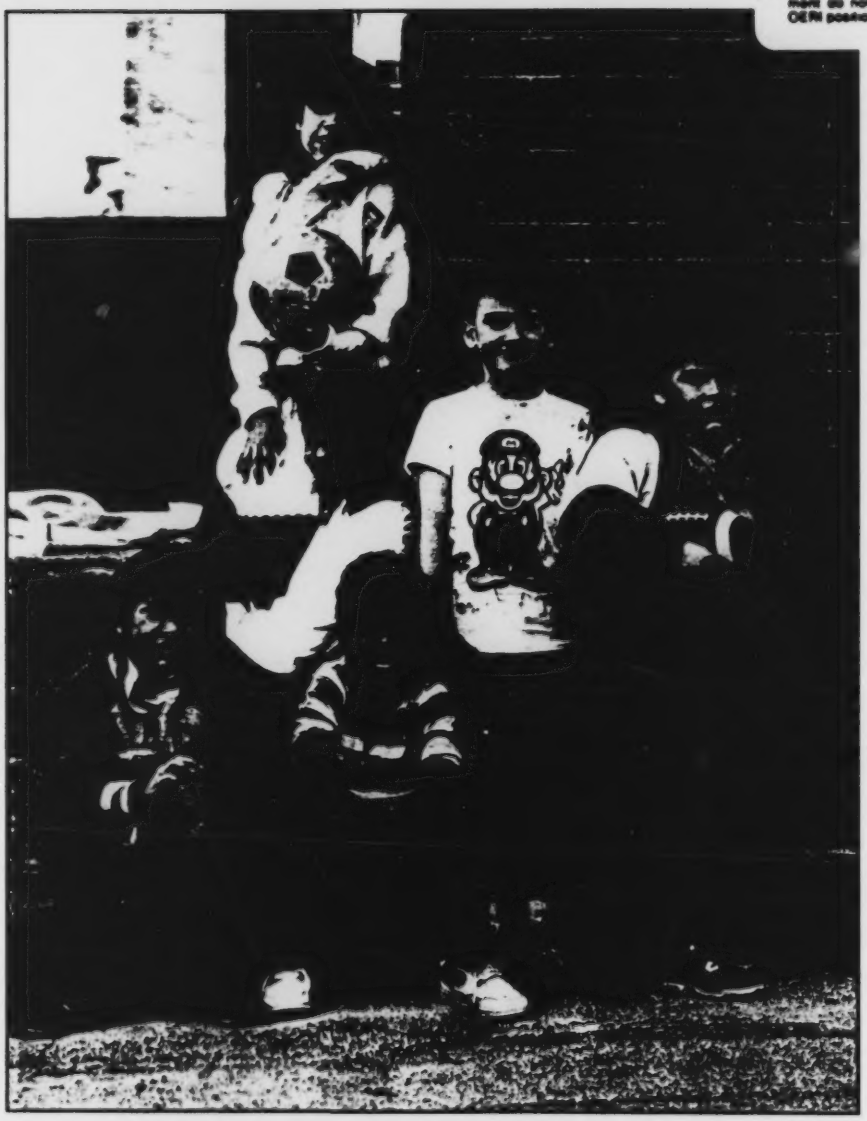

NATIONAL COMMISSION ON CHILDREN

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JUST THE FACTS

A Summary of Recent Information on America's Children and Their Families

The National Commission on Children was established by Public Law 100-203 "to serve as a forum on behalf of the children of the nation." It is a bipartisan body whose 34 members were appointed by the President, the President Pro Tempore of the U.S. Senate, and the Speaker of the U.S. House of Representatives. As required by law, the Commission reports to the President; to the Committees on Finance and on Labor and Human Resources of the Senate; and to the Committees on Ways and Means, Education and Labor, and Energy and Commerce of the House of Representatives.

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Letter from the Chairman

Dear Friends and Colleagues,

For most of us, a litany of facts and figures can be mind-numbing. Data points and regression analyses make our eyes glaze over, so we approach them warily. In this age of new technology, the ability to collect information often outpaces our capacity to process it and make good use of it. Bogged down in mountains of detail, we can hardly grasp what is essential. Sometimes we miss the point altogether. Yet accumulated information on the status of America's children and families paints a stark and revealing picture — one that deserves close attention by all Americans, not just scholars and analysts.

America is at a crossroads. Our future as a great nation, a global economic power, and a caring society is at risk. Prosperity and security depend on each generation's capacity to assume the privileges and responsibilities of adult life. Yet many of our children and families are in serious trouble. Their misery threatens all Americans, and it tears at the moral and social fabric of our society.

The evidence is everywhere one cares to look. Today, children are the poorest Americans. More than one in five lives in a family with an income below the federal poverty threshold. One in four lives with only one parent, dramatically increasing the chances that he or she will be poor. Hunger and homelessness affect millions. But it is not only poor families who are experiencing problems. Middle-income families are struggling as well. Wages have stagnated, while the costs of raising children have escalated. For most families, it now takes two incomes instead of just one to maintain even a modestly secure standard of living.

Other indicators are equally ominous. Despite a generation of medical advances, almost 40,000 American babies die each year before their first birthday. More than 8 million children and nearly 500,000 pregnant women have no access to health care because they have no way to pay for it. Each year, approximately 1 million teenage girls become pregnant; many of them have babies they are ill-pre-

pared to nurture or support. One in eight U.S. students experiences academic failure and drops out before completing high school. Too many others graduate without the basic skills needed to perform in a college classroom or an entry-level job. Hundreds of thousands of children whose troubled families are unable or unwilling to care for them linger hopelessly in an overburdened foster care system, effectively denied a permanent home and family. Crime and violence devastate our streets and neighborhoods and claim thousands of young lives every year. The personal and societal costs of these problems are enormous, and they are rising.

The bipartisan National Commission on Children was created by Congress and the President to "serve as a forum on behalf of the children of the nation." Its 34 members come from many walks of life and represent an array of viewpoints, professional affiliations, and political perspectives. In June 1991, the Commission issued its landmark report, *Beyond Rhetoric: A New American Agenda for Children and Families*. In it we called on all Americans to make children and families a top national priority and to follow through with meaningful action, not just empty words or cosmetic gestures. Based on two and a half years of intensive investigation and deliberation, the Commission proposed a comprehensive agenda for policy and program development. In every area but one, this diverse group was unanimous in its recommendations.

America needs to change. To ensure that all children have an opportunity to become healthy, literate, and productive adults, we urged the nation's public and private sector leaders to take decisive steps. Meeting the challenge is not just a liberal or conservative, Republican or Democratic agenda, as the National Commission on Children clearly demonstrated. It is America's agenda. And it reflects a growing national concern about problems that jeopardize our young people and sap their families' ability to raise them.

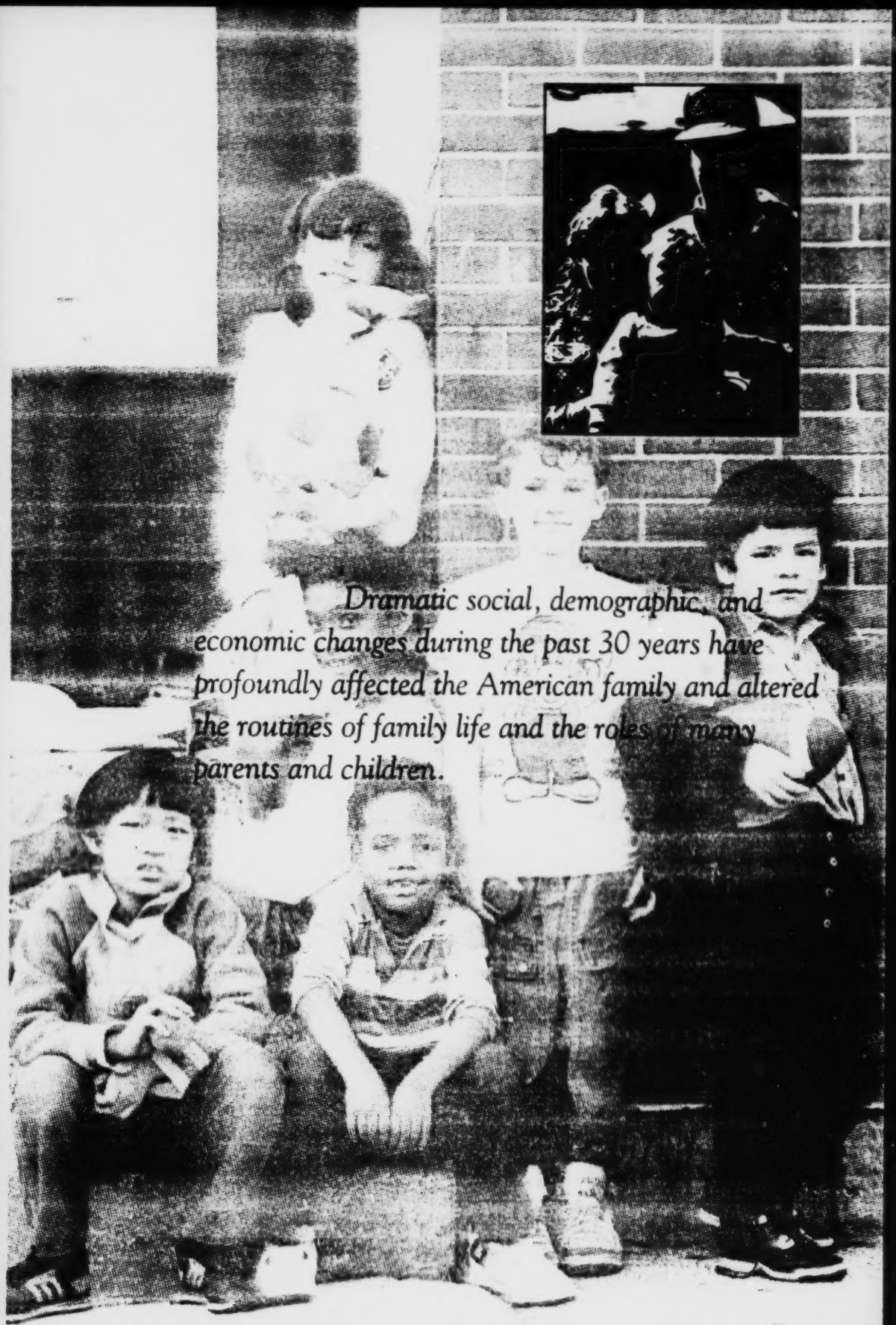
An important purpose of the Commission is to clarify the dimensions of these problems and their underlying causes for opinion leaders and decision makers whose actions affect the lives of children nationwide. Accordingly, we prepared *Just the Facts: A Summary of Recent Information on America's Children and Their Families* as a ready reference for journalists who cover children's issues, advocates who work on their behalf, and others who need easy access to data on conditions and trends. It is a resource book that contains information assembled from a variety of federal sources, private surveys, and scholarly research studies. These facts and figures were originally compiled to inform the Commission's deliberations. Many of them were presented in *Beyond Rhetoric*. Wherever possible, they have been updated for this volume. Our goal was to make the tangle of statistics accessible and understandable to a broad audience of nonexperts.

Just the Facts begins with overviews of the historic social, economic, and cultural changes that have reshaped the American family over the past two decades and of the steady process by which children develop into healthy, competent adults. Subsequent chapters are organized around topics of significant concern, including economic well-being, health, education, adolescents at risk, family strengths, and vulnerable children and families. Each chapter presents a summary of recent information on the status of America's children and families and brief descriptions of relevant federal programs. At the end of the volume is a summary of the Commission's recommendations.

Ultimately, facts and figures are only part of the picture. As I and the other members of the National Commission on Children learned in our travels across the country, behind all the statistics are real children and parents. At every income level, in all racial and ethnic groups, and in every region of the country, families are struggling daily to meet their children's basic needs and to give them a promising future. Some are succeeding and thriving, but a significant and growing number are not. For the nation, this raises some important and troubling issues.

On behalf of my fellow commissioners, I hope that our continuing efforts to present the facts and highlight the issues will foster a better understanding of the serious problems affecting America's children and families. I believe our success at forging a bipartisan consensus on proposals for public and private sector policy means that solutions really are within reach. The challenge for America's public leaders and its private citizens is to muster the political will and sense of urgency to get the job done.

John D. Rockefeller IV
January, 1993



The Changing American Family

Dramatic social, demographic, and economic changes during the past 30 years have profoundly affected the American family and altered the routines of family life and the roles of many parents and children.

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Changes in contemporary American family life are well documented. Families today are generally smaller. More children live with only one parent. More mothers as well as fathers work outside the home each day. More children are poor, despite their parents' employment. Many families spend less time together than parents and children want or need.

The changes are clear; their causes and consequences are less clear. Nevertheless, they have had a profound effect on family roles and on the relationships among fathers, mothers, and children and between families and the communities in which they live.

- Children are a smaller proportion of the U.S. population than they were 30 years ago. This fact has significant implications for American society in the years to come, especially in terms of the demands that will be placed on a shrinking work force to support a growing retired population.

- The world's highest divorce rate and an epidemic of out-of-wedlock childbearing have combined to greatly increase the number of single-parent families in America.

- Falling wages and stagnating family incomes, along with the increase in single-parent families, have substantially increased the number of children in poverty in the United States.

- Whether married or single, more American mothers are in the work force than ever before. Their earnings help their families make ends meet. For some families, it is a matter of economic survival.

- These trends have produced changes in family life and in the experiences of children growing up in America.

  - Some children today, especially those in affluent families, are better off than children were 30 years ago; however, many children are worse off: they are poorer, less healthy, and less educated; they receive less time and attention from caring adults; and they are less prepared for the responsibilities of adulthood.

The significant social, demographic, and economic changes that have affected family life over the past three decades have received considerable public attention, yet most Americans have had a difficult time comprehending them or adjusting to them. As adults have struggled to cope with these changes, children have often paid the price.

Dimensions of Change

Children: A Smaller, Changing Population

As adults live longer and women have fewer children, children are a declining proportion of the U.S. population. At the same time, children as a group are more heterogenous than they were a generation ago.

■ In 1960, children made up 36 percent of the U.S. population; in 1990, they were 26 percent (see Figure 1).[1]

■ Women are having fewer children; between the mid-1950s and the mid-1970s, the average number of births per woman dropped from 3.7 to 1.8, and it has increased only slightly in recent years.[2]

■ From 1960 to 1990, the elderly increased from 9.2 percent to 12.5 percent of the U.S. population (see Figure1).[3]

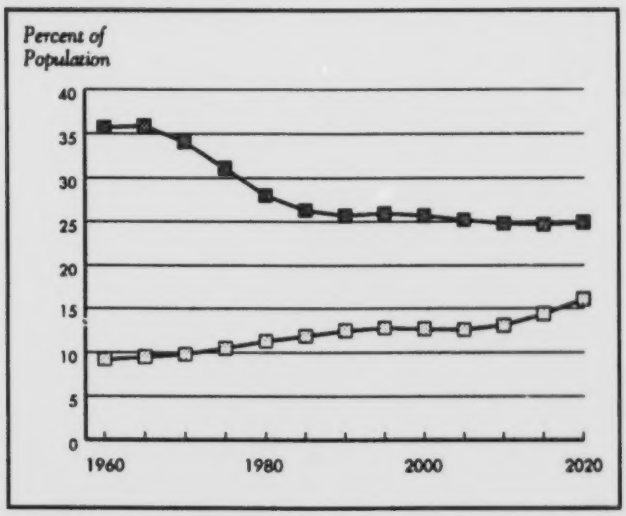
■ From 1960 to 1990, the number of elderly Americans doubled while the number of children remained relatively stable.[4]

■ The declining proportion of children and the expanding proportion of elderly people mean that each future worker will carry a greater burden of support for America's retirees.

■ In 1950, 16 workers contributed to the Social Security system for every retiree who drew a Social Security pension. By 1960, the ratio had declined to 5 to 1, and by 1990 it had dropped to 3 to 1 and was still falling.[5]

■ Minorities make up a larger share of children in America than they did 30 years ago.[6]

Children and the Elderly as Proportions of the U.S. Population, 1960–2020



SOURCE: *Bureau of the Census*

Figure 1

- Demographers predict that the proportion of minority children will continue to increase over the next 20 years.[7]

  - By the year 2000, one-third of American school children are expected to be nonwhite, compared to one-fifth today.[8]

Single-Parent Families

Because of higher rates of divorce and out-of-wedlock births, more American children live in single-parent families than ever before. This has been a factor in increasing child poverty.

- In 1991, one American child in four lived with just one parent, usually his or her mother.[9]

  - Until the 1970s, about 1 American child in 10 lived with just one parent.[10]

- During the 1970s and 1980s, the rate of growth in single-parent families was similar for whites, blacks, and Hispanics.[11]

  - Black children are still far more likely than other children to live with only one parent. In 1991, 79 percent of white children and 66 percent of Hispanic children lived with two parents, whereas only 36 percent of black children did (see Figure 2).[12]

  - Half of all white children and three-fourths of all black children born in the last two decades are likely to live for some portion of their childhood with only their mothers.[13]

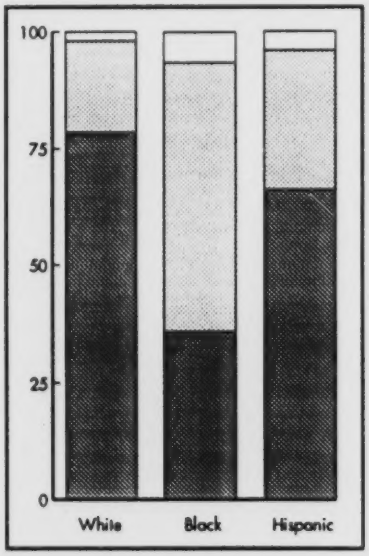
- Divorce is one of the two major causes of single parenthood.

  - The U.S. divorce rate increased dramatically during the 1960s and 1970s, from 2.1 divorces per 1,000 persons in 1958 to 5.3 per 1,000 in 1981. It has leveled off in the last decade, but at a very high rate (an estimated 4.7 per 1,000 in 1991).[14]

  - The United States has the highest divorce rate in the world. At present rates, approximately half of all U.S. marriages can be expected to end in divorce.[15]

  - More than half of divorces involve children. Over 1 million children yearly have parents who separate or divorce.[16]

Living Arrangements of Children Under Age 18 by Race/Ethnicity, 1991



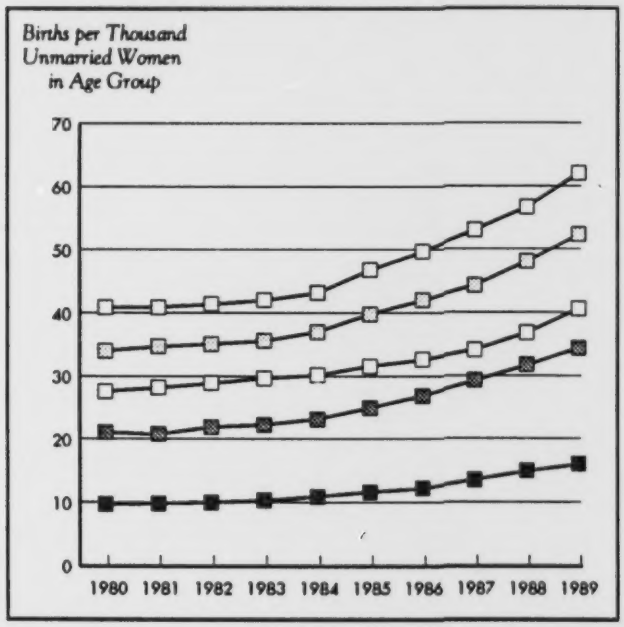
SOURCE: *Bureau of the Census*

Figure 2

■ Roughly two-thirds of the increase in single parenthood among whites since 1960 has been the result of divorce. In 1991, almost 70 percent of white children in single-parent families lived with a divorced or separated parent.[17]

■ Childbearing outside of marriage is the other major cause of the increase in single-parent families.

Birth Rates for Unmarried Women by Age of Mother, 1980–1989



SOURCE: *National Center for Health Statistics*

Figure 3

■ Birth rates for unmarried women in all age groups have been increasing for more than a decade (see Figure 3).[18]

■ In 1989, one in four American children was born to an unmarried woman — up from 1 in 20 in 1960.[19]

■ More than 1 million U.S. babies each year are born to unwed women. Almost 350,000 of these babies are born to women under age 20.[20]

■ Roughly three-quarters of the increase in single parenthood among blacks has been the result of out-of-wedlock childbearing. In 1991, over half of black children in single-parent families lived with a never-married parent.[21]

■ Births to teenagers are especially likely to occur outside of marriage.

▪ In 1989, about 90 percent of black babies and 55 percent of white babies born to teenage mothers were born outside of marriage.[22]

■ Growing up in a single-parent family greatly increases the chances that a child will live in poverty.

▪ Nearly 75 percent of American children growing up in single-parent families experience poverty for some period during their first 10 years — compared to 20 percent of children in two-parent families.[23]

■ Most children in single-parent families — 88 percent — live with their mothers. In 1991, 47 percent of mother-only families with children were poor, compared to only 8 percent of families with both a mother and a father.[24]

- The proportion of poor mother-only families has remained relatively stable at around 45 percent since the mid-1960s. In contrast, poverty among two-parent families has fluctuated with changes in the economy.[25]

■ A recent study suggests that changes in family structure account for much of the increase in child poverty since 1980 and that these changes have contributed to the differences between the poverty rates of white and black children.[26]

Children in Poverty

Today, children are the poorest Americans.

■ In 1991, more than one American child in five lived in a family with an income below the federal poverty level.* [27]

- One in four infants and toddlers under age 3 was poor.[28]
- More than 14.3 million children lived in poverty in 1991, an increase of 2.8 million since 1980.[29]
- The poverty rate for children under age 6 (24 percent) is more than double the rate for adults (11.4 percent) and nearly double the rate for the elderly (12.4 percent). The poverty rate for children under age 6 is also higher than that for children age 6 to 17 (19.5 percent) (see Figure 4).[30]

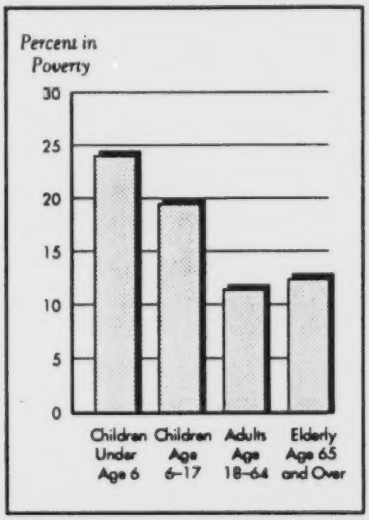
■ Poverty among children fell during the 1950s and 1960s but began to rise during the 1970s and 1980s and has remained high into the 1990s.[31]

- Despite overall increases in income from 1983 to 1989,[32] the child poverty rate remained at around 20 percent.

■ Despite the stereotype that most poor children are minorities living in inner-city welfare families, only about 10 percent of poor children fit that description.[33]

- More than half of poor children are white.[34]
- Half of poor children live in rural and suburban areas.[35]

Poverty Rates by Age, 1991



SOURCE: *Bureau of the Census*

Figure 4

*In 1991, the official poverty threshold for a family of three was $10,860. For a family of four, it was $13,924.

- More than one-third of poor children live in two-parent homes.[36]

■ Poverty varies considerably by race.

- While the majority of poor children are white, a greater proportion of minority children are poor: 46 percent of all black children and more than 40 percent of Hispanic children were poor in 1991, compared to 17 percent of white children.[37]

■ Poverty varies by family structure.

- Nearly 75 percent of American children who grow up in single-parent families experience poverty sometime during their first 10 years, compared to 20 percent of children in two-parent families.[38]

- Single-parent families are a significant factor contributing to racial differences in poverty. A recent study indicates that differences in family structure between white and black families account for almost two-thirds of the difference in child poverty rates between those families.[39]

■ Living in a two-parent family with a full-time wage earner is no guarantee against poverty.

- In 1991, almost 40 percent of poor two-parent families with children had a full-year, full-time wage-earner.[40]

- In 1991, 18 percent of two-parent, one-earner families with children had incomes below the poverty level.[41]

■ Over the last 20 years, wages have fallen and family incomes have stagnated.

- Adjusted for inflation, average weekly wages fell 20 percent between 1973 and 1991.[42]

- After rapid increases in the 1950s and 1960s, family income growth slowed markedly in the 1970s and 1980s, and the gap between the incomes of more affluent and poorer families widened substantially.[43]

  - Since the early 1970s, income growth among two-parent families has been largely the result of mothers entering the work force and of mothers, fathers, or both parents working more hours.[44]

  - After adjusting for inflation, the average income of the poorest one-fifth of America's families has dropped more than 9 percent since 1973, while that of the richest one-fifth has increased over 18 percent.[45]

■ Poverty and economic instability are associated with well-documented negative effects on children. Many poor children are malnourished, have unmet health needs, live in dangerous environments, and receive inadequate child care, health care, and education.[46]

Mothers in the Work Force

Substantially more children of all ages have mothers in the paid labor force than ever before, and increasing numbers of mothers with very young children are employed.

■ The number of women in the labor force has grown in almost every decade since the 1890s, but the rate of growth from 1970 to 1991 was unprecedented.[47]

- From 1975 to 1991, the proportion of mothers with children under age 6 who were in the labor force rose from 39 percent to 58 percent (see Figure 5).[48]
- From 1975 to 1991, the proportion of mothers in the labor force with school-age children (age 6 to 17) rose from almost 55 percent to over 74 percent (see Figure 5).[49]

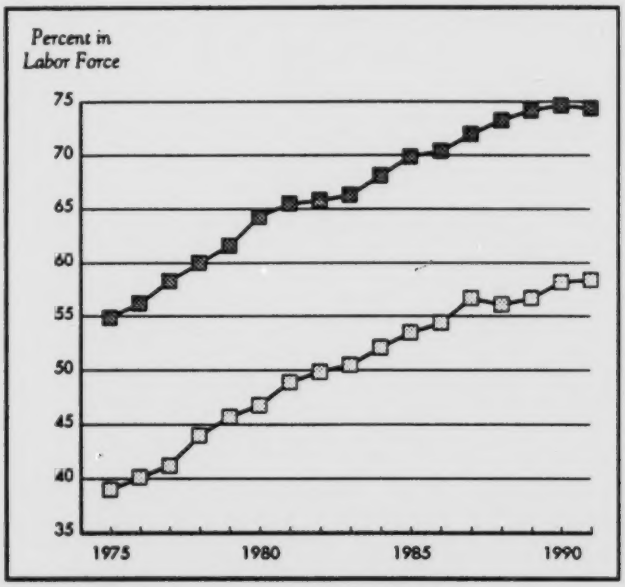
■ Over 11 million children under age 6, including over 3.6 million babies under age 1, had mothers in the labor force in 1991.[50]

- In 1991, more than half of mothers with infants less than a year old were employed or looking for work.[51]

■ Married mothers are now about as likely as single mothers to be in the labor force.

- From 1970 to 1991, the proportion of married mothers in the labor force jumped from 40 percent to 67 percent.[52]
- During the 1980s, most of the growth in the labor force participation of mothers was among married mothers.
  - From 1978 to 1991, the proportion of married mothers in the labor force rose by one third, from 50 percent to 67 percent.[53]
  - During that period, the proportion of single mothers in the labor force increased only slightly, from 65 percent to 66 percent.[54]

Labor Force Participation of Women with Children, 1975–1991



Employed full-time or part-time or looking for work.

Women with Children Under Age 6

Women with Children Age 6–17

SOURCE: *Bureau of Labor Statistics*

Figure 5

■ Women who have their first baby after age 25 and women with four or more years of college are more likely to remain in the labor force after having a child than are younger mothers and those who do not complete high school.[55]

■ Research shows no consistent positive or negative effects on children as a result of their mothers' working outside the home.

- To the extent that a mother's income keeps her children out of poverty and ensures that their basic material needs are met, it has obvious positive effects.[56]
- To the extent that employment limits the amount of time a mother spends with her children, it can have negative effects, especially in the earliest months of life.[57]
- How children with working mothers fare depends to a significant extent on their mothers' and fathers' attitudes about work and raising children, the characteristics and special needs of their children, the availability of other formal and informal supports, and the quality of child care the children receive.[58]

Changing Family Life

Traditional patterns of family life are changing in homes with two parents as well as those with only one.

■ More children are cared for by an adult other than a parent or relative.

- In 1990, an estimated 26 million children under age 13 — 55 percent of those with employed mothers — were cared for on a regular basis by adults other than their parents. An estimated 19 million were most often cared for by someone not related to them.[59]

■ More children are caring for themselves. A 1990 survey estimated that 663,000 children age 5 to 12 cared for themselves during the hours when they were not in school.[60]

- The vast majority of the children reported to be caring for themselves were 11- and 12-year-olds.[61]

■ In a 1990 survey, almost 60 percent of parents reported that they wished they had "a little more" or "a lot more" time with their families.[62]

- Half of employed fathers and one in eight employed mothers reported working more than 40 hours per week.[63]
- One in three single parents reported working more than 40 hours per week.[64]

■ With increasing numbers of children living with only their mothers, many children have tenuous or nonexistent relationships with their fathers.

- In a 1990 survey, only one-third of children in female-headed families reported seeing their fathers at least once a week.[65]
- Nearly one in five children in female-headed families had not seen his or her father for five years.[66]

Are Children Worse Off?

There is ample evidence that in several important respects children are worse off in 1990 than they were in 1970.

■ The economic status of families with children has declined since 1970 (see Chapter 3, Family Income Security).

- Children are now the poorest Americans and are far more likely to be poor than children in other industrialized nations.[67]
- There is a growing income disparity between rich and poor families. While more affluent families are economically better off than they were 20 years ago, lower-income families are significantly worse off.[68]
- Becoming or remaining middle-class is a struggle for many families with children; increasingly, the only way to achieve a modestly secure lifestyle is for both parents to work.
- For young adults in their prime childbearing years, it has become increasingly difficult to earn enough money to support a family. The median income of families headed by someone under age 30 fell 32 percent in real dollars from 1973 to 1990.[69]

■ An alarming number of American children are growing up unhealthy, despite the nation's advanced medical knowledge and technology (see Chapter 4, Children's Health).

- Improvements in infant health have slowed or reversed in recent years.[70]
- Many preventable diseases — which can cause serious illness, permanent disability, and death — are on the rise among children.[71]

- Ten to 15 percent of American children have chronic and disabling medical conditions; another 10 percent are treated for serious mental health disorders every year.[72]

- One child in eight has no medical insurance, public or private; still more children have no access to health care because they live in areas without facilities or doctors.[73]

■ Despite a decade of debate on the needs of schools and students, the American educational system is still failing to prepare many children to be tomorrow's workers and leaders (see Chapter 5, School Readiness and School Performance).

- Although the performance of American students in reading, math, and science has improved somewhat in recent years, it still lags behind that of students in many other developed and developing nations.[74]

- Forty percent of American children are at risk of failing in school.[75]

- Poor academic performance and higher dropout rates have combined to create a growing disparity between the qualifications of today's students and the higher education and level of skills needed for tomorrow's jobs.[76]

■ Although most children become productive adults, one in four adolescents is engaged in high-risk behaviors that threaten their own health and future as well as that of others[77] (see Chapter 6, Youth at Risk).

- Early sexual activity, pregnancy, and childbearing are increasing markedly among American teenagers.[78]

- Drug and alcohol use by teenagers has declined but remains disturbingly high.[79]

- As both victims and perpetrators, American teenagers are increasingly involved in violent crimes. Teenage boys of all races are more likely to die from gunshot wounds than from all natural causes combined.[80]

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Development is a cumulative process of growth and change — physical, social, emotional, intellectual, and moral. Development begins before birth, continues into adulthood, and is constantly affected by the interplay between biological characteristics and life experience. To address the serious challenges facing America's children today, it is important to understand the process of development, especially the opportunities and vulnerabilities that exist at each stage, from before birth through adolescence.

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In our society, the ingredients for healthy development include loving parents who provide emotional warmth and stability and encourage their child's development; nutritious food, adequate shelter, basic health care, and a safe environment; trust, self-confidence, moral values, and social competence; and the ability to perform as literate, thinking individuals who can solve problems and communicate with one another.

The most important means of providing these ingredients is a strong and stable family. Experiences that take place within families are not merely a "pleasant prelude" to formal schooling and the outside world, they are also a powerful prerequisite for success in later life.[1] However, families are not isolated from the forces of society — communities, governments, and employers — which influence their ability to raise children. The reciprocal interactions among families, communities, and culture combine with a child's own inherited characteristics to determine development.

At each stage of development, there are opportunities to improve a child's chances of growing into a healthy, literate, secure, and productive adult; there are also vulnerabilities that, left unaddressed, will almost surely have lasting negative effects. Our understanding of these factors has increased considerably in the past two decades.

- The prenatal period of a child's life is not a protected time before the child "enters the world"; on the contrary, it is a time when the child's physical and mental development can be profoundly and permanently affected by the outside world.

- The first three years of life (birth to age 3) are a time of unparalleled growth and development which are strongly helped or hindered by the attachments an infant makes to caregivers, especially parents, in the first months of life.

- Early childhood (age 3 to 6) lays the foundation for later success in school. Development during this period is affected by how well a child's needs for affection and for intellectual and social stimulation are met, as well as by how well the child's nutritional, safety, and health care needs are met.

- Middle childhood (age 6 to 12) is now recognized as an important period of intellectual, social, emotional, and moral development. During these years, a child's ability to function in and benefit from school and other social settings increases markedly.

- Adolescence (age 13 to 18) marks the critical passage from childhood to adulthood. It is a time of increased risk-taking and growing independence.

Conditions such as poverty, homelessness, violence, poor health care, and many others are risk factors that can have a devastating effect on a child's development. Many policies and programs to support children have therefore focused on eliminating or ameliorating these risk factors. But research and experience in recent years have also stressed the importance of identifying and building upon protective factors that already exist in families and communities and within individuals. These factors include strong, caring parent-child relationships; involvement and support from other adults in the community; and children's own dispositions and attitudes, particularly their sense of self-esteem and efficacy. Protective factors improve life for all children; for children at risk they may spell the difference between rising above the tide of danger and despair or being engulfed by it.

Stages of Development

The Prenatal Period

Much of a child's basic neurological and physical development takes place in utero and thus is significantly influenced by the mother's lifestyle and behavior during pregnancy.

- Important aspects of brain development occur in the months before birth and continue at a rapid rate during the first two years after birth.[2]
- Regardless of race, age, or social class, children are more likely to be born healthy if their parents plan for the pregnancy.
  - Unintended pregnancies and pregnancies spaced too close together are correlated with increased risk of low birthweight and other maternal and infant health problems.[3]
  - Babies are much more likely to be born healthy if their mothers receive early, regular, and comprehensive prenatal care, eat a nutritious diet, and avoid smoking, drinking, and drug use during pregnancy.[4]
- Smoking can impair fetal growth and later learning.
  - Infants born to women who smoke regularly during pregnancy are at greater risk of low birthweight, prematurity, lung disorders, and sudden infant death syndrome.[5]

- Children of smokers are often slower to accomplish basic developmental tasks (sucking, head turning, and eye contact), may have poorer reading skills when they reach school age, and frequently are hyperactive.[6]

- Intellectual abilities, as measured by IQ, grade placement, perceptual motor abilities, and language skills, may also be significantly lower in children of smokers.[7]

■ Women who drink alcohol regularly while pregnant increase their children's risk of lifelong disability.

- Regular drinking can cause fetal alcohol syndrome, a cluster of congenital conditions that can have devastating effects on brain development and the nervous system.[8]

- Children of alcoholics often suffer deformities, poor motor development, and intellectual impairment; they often have behavioral problems that make caring for them difficult.[9]

■ The long-term health and developmental effects of prenatal exposure to drugs, especially crack cocaine, are not fully known because longitudinal studies are just getting under way. Nevertheless, it is known that drug use during pregnancy can cause premature death, chronic illness, or long-term disability in infants.[10]

- Children exposed to drugs in the womb often suffer low birthweight, prematurity, neurological impairment, congenital anomalies, drug dependency, HIV infection, or a combination of these conditions.[11]

- Drug-exposed infants are often irritable and not easily comforted, and they may not eat or sleep well, making them difficult to care for.[12]

- By school age, children who were prenatally exposed to drugs often have difficulty controlling their behavior, may be aggressive toward other children, and frequently have learning disabilities and short attention spans.[13]

The First Three Years of Life

The first three years of a child's life are a time of unparalleled development — physical, intellectual, linguistic, social, and emotional. The quality of parent-child attachments has important implications for this development.

■ Children generally attain half their physical height in the first two and a half years, and their brains are almost fully developed by this age.[14]

- Healthy babies are born with well-organized reflexes and well-developed hearing, sight, taste, and smell; for example, they can distinguish their mother's voice from others when they are just two days old.[15]

- By reaching, grasping, crawling, and then walking, children learn through exploring their environment.[16]

- Important intellectual milestones occur in these years, such as learning cause and effect and engaging in symbolic play (for example, giving a doll a drink).[17]

- Communication skills develop rapidly, beginning with facial response to speech sounds and later becoming spoken words, phrases, and sentences.[18]

- Social and emotional development are also rapid during the first three years of life. The strong attachments children develop to parents and other caregivers during the first months of life are a critical factor in such development.[19]

  - Secure attachments do not develop instantly; rather, they require the consistent availability of one or more adults who are affectionate and responsive to the child's emotional and physical needs.

  - Children who are securely attached develop faster and more fully than children who are not.[20]

  - Children who are insecurely attached often feel helpless and uninterested in exploring and as a result may develop more slowly or less fully. Without strong attachments, many will experience later intellectual deficiencies, social problems, and emotional difficulties.[21]

  - Illness, mental problems, drug and alcohol abuse, poverty, and other stresses can prevent parents from responding to their children's needs and fostering secure attachments.

- The first three years of life are a time of great vulnerability and opportunity.

  - Children are more vulnerable to physical injury and social and emotional deprivation at this time than at any other time in childhood.[22] Without adequate nutrition and nurturing to fuel their rapid development, children may experience delayed or stunted growth, impaired intellectual development, and other health problems. Without preventive health care, including immunization, children are susceptible to disease and disabilities. Unsafe home environments that expose children to accidents, violence, or environmental hazards (such as lead) can cause injury or illness that can impair neurological development and later intellectual ability.

  - Children who develop strong attachments, receive good nutrition and health care, grow up in safe environments, and are stimulated in developmentally appropriate ways are likely to develop feelings of trust, empathy, curiosity, and confidence that are essential to later learning and social development.[23]

Early Childhood

Building on their ability to explore their environment and motivated by curiosity, children age 3 to 6 continue to develop quickly and are ready for more organized and structured learning.

- Children gain more sophisticated physical, intellectual, social, and communication capabilities in early childhood.[24]
  - Children begin to organize thoughts, solve problems, complete tasks, and, as they think more symbolically, engage in more imaginative play.
  - Children begin to test the limits of individual freedom and learn responsibility toward others through sharing, group activities, and working out difficulties with peers.
  - Children still need secure attachments to parents and caregivers; the trust and confidence gained from these attachments give them the independence to do more for themselves (such as dress themselves) and to begin to separate from home (for example, by going on their own to play at a friend's house).
- Group experiences outside the home — from neighborhood play groups to full-time child care and preschool — are common to most children in this age group, regardless of their mother's employment status.[25]
  - Out-of-home experiences can be especially important for some children: research shows that high-quality early childhood programs and parenting education can improve the development of young children who are at risk of early failure in school due to poverty or dysfunctional family and home life.[26]
- At this age, learning occurs best through hands-on experience. It is most successful when developmentally appropriate activities are combined with unstructured play and when intellectual and social development are equally emphasized.[27]
- Children's experiences during early childhood affect later success in school.[28]
  - Children whose needs for affection, basic health care, adequate nutrition, safe environments, and intellectual and social stimulation are met during this period are more likely to develop the skills, habits, and attitudes necessary to succeed in school.[29]
  - Children who are at risk because of poor health, unsafe environments, or inadequate or inappropriate developmental stimulation are likely to experience a variety of short- and long-term problems, including extreme behaviors (such as hyperactivity or withdrawal), inattentiveness in class, and difficulty getting along with classmates. These often lead to early academic failure and, later, to social alienation from peers, impaired academic achievement in school, behavior problems, absenteeism, and dropping out of school.[30]

Middle Childhood

The years from age 6 to 12, once thought to be relatively unimportant, are now recognized as a time of significant intellectual, social, emotional, and moral growth.

■ During middle childhood, children develop more logical and sophisticated thinking, problem-solving, and communications skills.

- Children begin to develop empathy, to see the other person's perspective, and to be sensitive to another's views.[31]
- Children begin to establish their own identities and ways of presenting themselves and relating to others.[32]
- Children begin to internalize moral rules of behavior, show signs of having a conscience, and feel guilt.[33]
- Children begin to develop personal attitudes and behaviors that significantly influence their later health and well-being.[34]
- Although the rate of physical growth is less rapid than in other stages of development, some children, particularly girls, enter puberty during these years.[35]

■ The child's world expands beyond the family as he or she participates in school, neighborhood, and the larger community.[36]

- Children become more interested in and capable of forming lasting friendships. During this time, children show a marked preference for friends of the same sex.
- Although parents remain their children's most important teachers, child-parent interactions decline markedly. One study showed that parents spend less than half as much time with school-age children as with younger children.[37]

■ School experiences are important not only because they impart basic educational skills, but also because children's success or failure in school and their relationships with peers influence their self-esteem and attitude toward education.[38]

■ During this period, the media — especially television — become a major source of children's knowledge about social roles, attitudes, and behaviors, as well as about other lifestyles, value systems, and cultures.[39]

- Children age 6 to 12 watch an average of three to four hours of television per day — more than children under age 6 or teenagers.[40]

Adolescence

Adolescence marks the critical passage from childhood to adulthood. Significant physical development is accompanied by equally dramatic social, emotional, and intellectual changes.

- Feelings of invulnerability and a propensity for taking risks (in moderation) are healthy and normal for most adolescents.[41]
  - A propensity for taking risks flows from the young person's growing independence, separation from family, alignment with peers, and experimentation with behaviors he or she considers adult.[42]
  - Without consistent and caring adult guidance, however, risk-taking can become excessive and harmful to the individual and to others.[43]
- Adolescence is marked by a desire for competence and achievement.
  - In seeking to establish their own identities, many teenagers develop strong commitments to others, to ideas and social causes, and to work or desired vocations.[44]
  - At the same time, it is common for teenagers to be heavily influenced by their peer group and to value conformity in dress and behavior.[45]
  - In addition to positive adult role models and adult guidance and encouragement, teenagers need opportunities to achieve and excel — in school, extracurricular activities, their homes and communities, and employment and training.[46]
    - Without positive models, guidance, and opportunities, many teenagers are vulnerable to negative influences.
- Parents remain an important influence on their children's lives throughout adolescence, although their role shifts from providing protection and information to providing guidance on moral and social values, vocational choices, and educational plans.
  - Adolescents are more likely to succeed in school and avoid destructive behavior if their parents are warm and keep channels of communication open, establish and maintain clear rules and standards of conduct, and are willing to discuss or negotiate family rules.[47]
  - Children of overly permissive parents are more likely than children of moderate parents to perform poorly in school and become involved in high-risk behaviors.[48]
  - Children of overly strict parents are more likely than children of moderate parents to have low self-esteem and low levels of performance in school.[49]

■ One in four Americans between the ages of 10 and 17 is in jeopardy of serious, long-term negative consequences stemming from high-risk behavior.[50] Among these high-risk behaviors are dropping out of school, drug and alcohol use, delinquency, early and unprotected sexual activity, and childbearing.

- Adolescents are rarely involved in only one high-risk activity; instead, they are often engaged in an array of activities with potentially harmful consequences to their health and well-being (see Chapter 6, Youth at Risk).
  - Research on high-risk behaviors, as well as the social programs designed to address them, generally focuses only on a single behavior instead of the interrelationship of behaviors.[51]

Risk and Protective Factors

Scientific studies confirm what common sense knows: throughout childhood there are clearly identified factors that encourage healthy development and equally clear factors that threaten it. Although there is no single risk factor which leads irrevocably to adverse outcomes or any single protective factor which can guarantee positive outcomes, the interrelationship between risk and protective factors seems to determine whether vulnerable children manage to escape from adversity and become successful adults.[52]

■ Many of the antecedents of adult failure are well known: poverty; disrupted or unstable family life; lack of social support from extended family, neighbors, and community institutions; and poor health or disabling mental or physical conditions.

- Significantly, three of these four antecedents — namely, poverty, unstable family life, and social isolation — have become more common in the United States during the past 20 years.[53]

- Disabling biological conditions, including neurological and physiological impairments from birth or developed in early childhood, remain disturbingly common.[54]

- None of these factors inevitably produces poor developmental outcomes in children; however, an accumulation of risk factors (both environmental and biological) increases the odds that a child will fail to reach his or her full potential.[55]
  - Lasting damage is most likely to occur when biological vulnerabilities combine with adverse environmental conditions — for example, when a hyperactive child is born to an unwed, unemployed, teenage mother.

■ Longitudinal research — across cultures and in different locations and environments around the world — has identified factors that can protect vulnerable children and avert long-term harm and dysfunction.[56] They include:

- *Temperamental Characteristics:* Children with a positive, outgoing disposition elicit beneficial early interactions from parents and other caregivers. Their disposition helps them gain access to more caring adults in and outside of their families who buffer them from the adversity in their lives.

- *Skills and Values:* Children with a strong sense of self-esteem and personal effectiveness are better able to make the most of their talents and abilities. Self-esteem is not solely the product of academic competence or unusual talent; rather, it can grow from pleasure in hobbies, such as sports or art, or from responsibility, such as appropriate employment or caring for others. Often, high-risk youths who become resilient adults benefit from esteem-building experiences, in middle childhood or adolescence, that require them to help others in their family or community.

- *Parental Characteristics:* Parents who are stable and sensitive caregivers and who are able to create a sense of structure and order at home foster self-esteem in their children and buffer them from life stresses.

- *Supportive Adults:* When parents are absent or uninvolved, adults who foster trust and act as gatekeepers for the future can make the critical difference between whether children thrive and succeed or whether they falter and fail. A strong relationship with such "surrogate parents" — whether grandparents, teachers, mentors, youth leaders, or religious leaders — effectively buffers children from the disorder and stress of their own families.

- *Opportunities and Hope:* Sometimes the most potent force for change is a second chance. Such pathways later in childhood include education at community colleges, education and skills acquired in the military, and active involvement in a religious community.[57]

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Many children of America's baby boom generation are growing up in an economic bust. Today, children are the poorest Americans. More than one in five lives in a family with an income below the federal poverty threshold. But it is not only poor families who are experiencing problems; middle-income families are struggling as well. Wages have stagnated, while the costs of raising children have escalated. For most families, it now takes two incomes, instead of just one, to maintain even a modestly secure standard of living.*

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Although stagnating incomes and rising costs have adversely affected families with children in general, single-parent families and families headed by someone under age 30 have fared especially poorly. In today's economy, neither a full-time wage earner nor welfare are guarantees against poverty.

■ The economic status of families with children has declined since the early 1970s.

- Twenty years of income growth slowed markedly after 1973. Since then, wages have fallen and family incomes have stagnated, while the costs of raising children have increased steadily.[1]

- Income disparity has widened among families. After adjusting for inflation, the poorest fifth of America's families have seen their incomes fall almost 10 percent since the late 1960s, while the richest fifth have increased their incomes by 18 percent.[2]

- Income disparity has also increased between families with children and families without children. After adjusting for inflation, the incomes of families with children fell 1 percent between 1974 and 1991, while those of families without children rose over 16 percent.[3]

■ Poverty among children has grown since the 1970s, reversing dramatic decreases throughout the 1960s. For the first time in American history, children are the poorest group in the country.[4]

■ The poverty rate among children varies dramatically by family structure and by racial or ethnic group.

- Just under half of single-parent families are in poverty — a proportion that has held relatively constant since 1965.[5]

- Although there are more poor white children than there are poor black or Hispanic children, black children are almost three times as likely as white children to be poor, and Hispanic children are about twice as likely.[6]

■ An increasing number of middle-class families needs two wage earners to achieve and maintain a modestly secure lifestyle.

■ Young families (those headed by someone under age 30) have been especially hard hit by stagnating wages and rising prices. Their poverty rate doubled between 1973 and 1990, from 20 percent to 40 percent.[7]

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*In 1991, the official poverty threshold for a family of three was $10,860. For a family of four, it was $13,924.

■ The American welfare system makes it difficult for low-income families with children to escape poverty. Benefits are insufficient to lift families above the poverty threshold. Welfare discourages family formation and stability, and it discourages work, thus making it difficult for families to achieve economic self-sufficiency.[8]

America has an undeniable stake in the economic well-being of families with children. Families with an adequate income are better able to provide the emotional, intellectual, and physical care children need to become healthy and productive adults. Failure to prevent poverty and to address the economic needs of families heightens the risk of other costly social ills — crime and delinquency, teenage childbearing, unhealthy babies, failure in school, child abuse and neglect, and reduced productivity among the working-age population.

The Economic Status of Families

Trends in Family Income

In absolute terms and relative to families without children, the economic security of families with children has deteriorated in the last 20 years. Falling wages and increasing economic inequality have contributed to this deterioration, which has hit young families and those with only one wage-earner hardest.

■ From 1973 to 1991, real average weekly wages in the United States declined approximately 20 percent.[9]

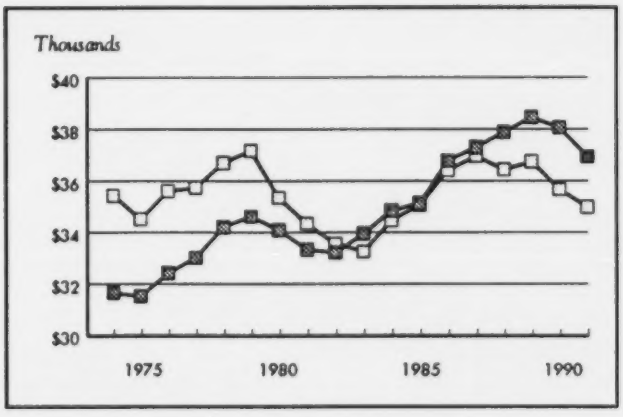
■ There is a growing income disparity among American families.

- Between 1973 and 1991, the economic distance between America's richest and poorest families widened.
  - In 1991 dollars, the poorest one-fifth of families had an average income of $10,746 in 1973 and $9,734 in 1991, a decline of over 9 percent.[10]
  - In 1991 dollars, the wealthiest one-fifth of families had an average income of $80,794 in 1973 and $95,530 in 1991, an increase of over 18 percent.[11]

- Between 1974 and 1991, the incomes of families with children have fallen while the incomes of families without children have risen.
  - In 1991 dollars, the median income of families with children was $35,441 in 1974 and $34,990 in 1991, a decrease of about 1 percent (see Figure 1).[12]
  - In 1991 dollars, the median income of families without children was $31,672 in 1974 and $36,943 in 1991, an increase of more than 16 percent (see Figure 1).[13]

- Although all types of families have experienced a slowdown in real income growth since 1973, two-parent families with only one income and single-parent families have actually lost ground.
  - Two-earner couples generally have higher incomes than one-earner couples, and one-earner couples generally have higher incomes than single mothers.
    - In 1991, the average two-earner married couple with children made $46,629; the average married couple with only the husband working made $33,961; the average married couple with only the wife working made $26,151; and the average single mother made $13,012.[14]
  - One-earner families have seen their incomes fall since the early 1970s. Between 1973 and 1991, the median income of one-earner families fell 12 percent in constant dollars (from $29,561 to $25,960), while that of two-earner families rose almost 10 percent (from $39,821 to $43,623).[15]
  - Families headed by single mothers not only have lower incomes, they have seen no income growth since the early 1970s. In 1991 dollars, the median income of these families was $13,691 in 1974, compared to $13,012 in 1991.[16]
- Hardest hit by the income slowdown were families with children headed by someone under age 30. In constant 1990 dollars, their median income fell 32 percent, from $27,765 in 1973 to $18,844 in 1990.[17]

Median Incomes of Families With and Without Children, 1974–1991



In constant 1991 dollars.
SOURCE: Bureau of the Census

Figure 1

Children in Poverty

Children are the poorest age group in American society, and American children are far more likely to be poor than children in other industrialized countries.

■ In 1991, one American child in five was living in poverty. The 1991 child poverty rate of 21.8 percent is the highest recorded since 1983.[18]

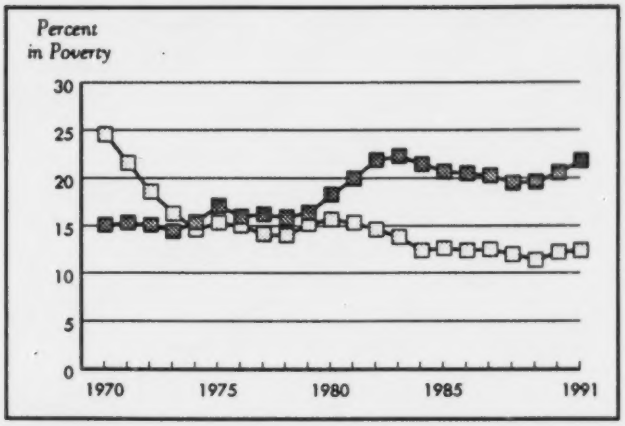
■ The child poverty rate fell steadily from 27 percent in 1959 to 14 percent in 1969. It then increased to 22 percent in 1983 and, after levelling off at approximately 20 percent from 1985 to 1990, has again increased to almost 22 percent — more than 50 percent higher than it was two decades ago (see Figure 2).[19]

■ In 1974, children displaced the elderly as the poorest group in America (see Figure 2).[20]

■ Children represented 26 percent of the population in 1991 but were 40 percent of the poor. By contrast, the elderly were 12 percent of the population and only 11 percent of the poor.[21]

■ In a 1991 study of poverty rates in eight industrialized nations during the 1980s, American children were almost three times as likely to be poor as children in the other nations studied.[22]

Poverty Rates for Children and the Elderly, 1970–1991



SOURCE: *Bureau of the Census*

Figure 2

■ The stereotype persists that most poor children are members of minority families that receive welfare and live in poor inner-city neighborhoods. In fact, only about 10 percent of poor children fit that description.[23]

■ More than half of poor children are white.[24]

■ Half of poor children live in rural or suburban areas.[25]

■ More than one-third of poor children live in two-parent families.[26]

■ Many poor children have employed parents.[27]

■ In 1991, 20 percent of poor children lived in families with an adult who worked full-time.

- Overall, 61 percent of poor children lived in a home with one or more adults who worked at least part-time in 1991.

■ Child poverty is strongly correlated with single-parent families, which have drastically increased in the last generation.[28]

- Nearly 75 percent of American children growing up in single-parent families experience poverty for some period during their first 10 years, compared to 20 percent of children in two-parent families.[29]

- Among children living only with their mothers, sustained poverty for seven or more years is common, but for children living with both parents it is rare. Most single-parent families are headed by women.[30]

■ Poverty among children varies by race and ethnic group. Although numerically there are more poor white children than poor black children, a higher proportion of black children are poor. Black children are almost three times as likely to be poor as white children. Hispanic children are slightly more than twice as likely to be poor as white children.[31]

- A recent study suggests that the higher proportion of single-parent families among blacks contributes significantly to their higher rate of overall child poverty. Almost two-thirds of the difference between the poverty rates of white and black children is accounted for by differences in family structure.[32]

  - Even when family structure is identical, poverty is still higher among blacks and Hispanics than among whites.[33]

Middle Income Families

Achieving and maintaining a secure middle-class lifestyle is difficult for many families with children; increasingly, making ends meet requires two incomes instead of just one.

■ Many of the costs of raising children — housing, transportation, and education — have risen steadily since the 1970s.[34]

- By the mid-1980s, an average family had to spend about 42 percent of its income to pay the mortgage on a median-priced house, up from 21 percent in 1970.

- By the mid-1980s, the average price of a new car represented 48 percent of an average family's annual income, up from 35 percent in 1970.

- A year's tuition at a private college represented almost 38 percent of an average family's income in the mid-1980s, up from 28 percent in 1970.

■ The average working family's tax burden has also risen.

- In 1960, local, state, and federal taxes and Social Security payments equaled about 14 percent of a family's income; in 1991, they accounted for 25 percent of median family income.[35]
- Over the past several decades, the tax burden on both single and married parents with dependents has grown dramatically relative to the burden on households without dependents.[36]

■ The major federal tax benefit for families with children — the personal exemption on income taxes — is worth much less now than when it was initiated in 1948, both in constant dollars and as a proportion of median per capita income.

- In 1948, the personal exemption was $600; in 1991, it was $2,150.
  - Adjusted for inflation, a personal exemption equivalent to the original exemption would be approximately $3,120 in 1991.[37]
  - Adjusted for inflation as well as for changes in family size and incomes, an exemption equivalent to the original exemption would be about $8,620 in 1991.[38]

■ As taxes and the cost of raising children have risen and the incomes of one-earner families have fallen, the proportion of mothers in the labor force (employed or seeking employment) increased rapidly in the past 20 years, particularly among married mothers and those with young children.

- From 1970 to 1991, the proportion of married mothers in the labor force increased from 40 percent to 68 percent.[39]
- In 1970, only 32 percent of women with children under age 6 were in the labor force; in 1991, 58 percent were.[40]

Young Families

For families headed by someone under age 30, it is increasingly difficult to earn enough money to support children.

■ Between 1973 and 1990, the median income of a young family with children decreased 32 percent in 1990 dollars from $27,765 to $18,844 (see Figure 3).[41]

- Between 1973 and 1990, families with children headed by someone over age 30 saw their income drop 6 percent, from $41,068 to $28,451 (see Figure 3).[42]
- Between 1973 and 1990, families without children increased their average income by 11 percent, from $32,384 to $36,020.[43]

■ The poverty rate for young families with children doubled between 1973 and 1990, from 20 percent to 40 percent. Among older families with children, the poverty rate increased from 11.7 percent to 15.1 percent.[44]

■ Between 1973 and 1990, poverty rates more than doubled among young white families with children (to 27 percent in 1990), young married-couple families with children (to 20 percent), and young families headed by high school graduates (to 33 percent).[45]

■ Between 1973 and 1990, the child poverty rate also increased among other young families with children: from 47 percent to 68 percent among young black families, from 35 percent to 51 percent among young Hispanic families, and from 68 percent to 77 percent among young female-headed families.[46]

■ One reason for falling incomes and rising poverty among young families with children is the sharp decline in earnings among young workers over the last 20 years.

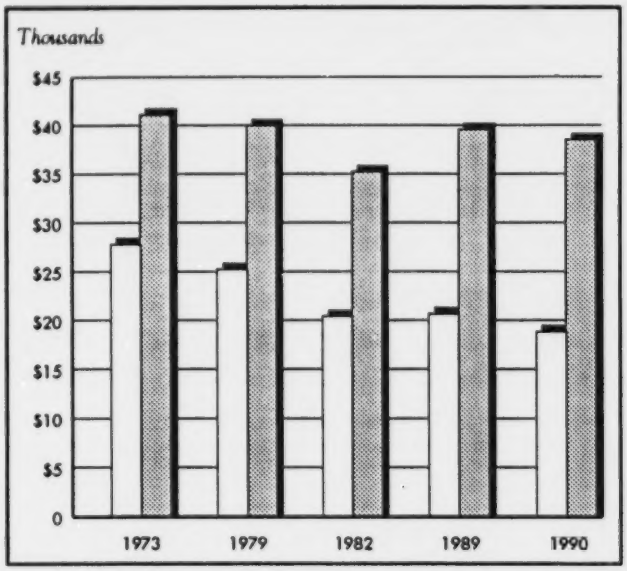
■ In 1979, 74 percent of workers under age 25 earned enough to support a family of three above the poverty line; by 1991, only 47 percent did.[47]

■ In constant 1990 dollars, the median earnings of workers under age 30 who head families with children fell 44 percent, from $22,981 in 1973 to $12,832 in 1990.[48]

▪ The median earnings of young married-couple family heads fell 33 percent, from $24,907 in 1973 to $17,500 in 1990.

▪ Young black families with children have seen the greatest decline in earnings. Median earnings among young black family heads fell 70 percent, from $13,860 in 1973 to $4,030 in 1990. The median earnings for young black families is now well below the official poverty level for a family of three.

Median Incomes of Families with Children by Age of Family Head, 1973–1990



In constant 1990 dollars.

SOURCE: Children's Defense Fund

Figure 3

Single-Parent Families

For most children, growing up in a single-parent family promises poverty at some time during childhood — and the number of single-parent families continues to increase.

■ Today, one American child in four lives with just one parent; until 1970, the number was about 1 in 10. Most American children in single-parent families — 87 percent — live with their mother, although a growing number live with their father.[49]

■ Children living in single-parent families headed by women are extremely vulnerable to poverty.

- In 1991, 55 percent of children in female-headed families were poor, compared to only 11 percent of children living with both a mother and a father.[50]
  - Among blacks and Hispanics, roughly two-thirds of children in mother-headed families are poor; among whites, 47 percent are.[51]
  - In 1991, 37 percent of children living only with their divorced mother were poor, compared to almost 66 percent of those living only with a never-married mother.[52]
- Nearly 75 percent of American children growing up in single-parent families experience poverty for some period during their first 10 years, compared to 20 percent of children in two-parent families.[53]
- Among children living only with their mothers, sustained poverty for seven or more years is common; among children living with both parents, it is rare.[54]
- While poverty rates among two-parent families fluctuate significantly from year to year depending on overall economic conditions, poverty rates for female-headed families with children have remained relatively stable at approximately 40 percent to 45 percent since the mid-1960s.[55]

■ The average income and earnings of female-headed families with children are far below those of two-parent families.

- From 1973 to 1989, the average cash income of families with children headed by single mothers was only about 40 percent of the average cash income of married couple families with children. In 1989, the average cash income of a family headed by a single mother was only 33 percent of the average cash income of a married couple with no children (see Figure 4).[56]

- The median annual earnings of female householders under age 30 with children in 1990 was $1,878 — barely 20 percent of the official poverty level for a family of two and substantially below the poverty level for a family of three.[57]

■ Almost all children in single-parent families have two living parents, yet only a minority of absent parents provide for their children. Most absent parents are fathers.

- Only one custodial mother in four receives the full amount of court-ordered child support from the absent father; the average amount paid in 1989 was only $57 per week, or $2,964 per year.[58]

- One in four custodial mothers with a child support award in place receives no support.[59]

- Fewer than 10 percent of absent fathers who owe child support contributed $5,000 or more in 1989 — even though roughly 90 percent of married fathers contribute earnings of at least $5,000 to total family income.[60]

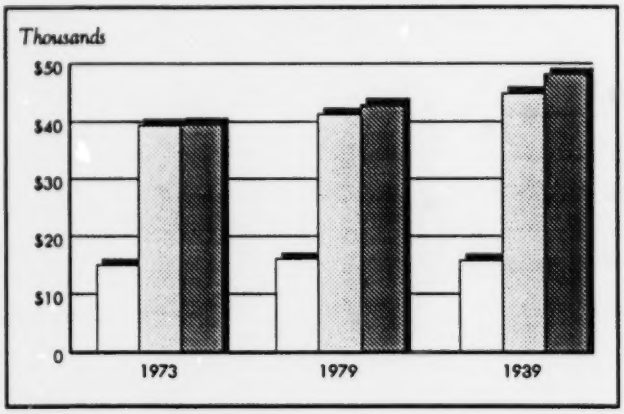
- Mothers and children who do not receive child support are almost twice as likely to be poor as mothers and children who do.[61]

■ Current state systems for child support enforcement are inadequate at every step — from the establishment of child support awards to the collection of payments. The federal system of support and guidance to the states is also inadequate.[62]

- In 1989, only 58 percent of mothers eligible for child support had an award in place. Many child support awards fall below current state guidelines, and more than 30 percent of the support payments that are due each year go uncollected.[63]

- An efficient and effective child support system in which all eligible mothers and their children had support awards tied to current state guidelines could collect at least $20 billion more than the current system annually.[64]

Average Family Cash Income by Family Type, 1973–1989



In constant 1990 dollars, among non-elderly families.

SOURCE: *Committee on Ways and Means, U.S. Congress*

Figure 4

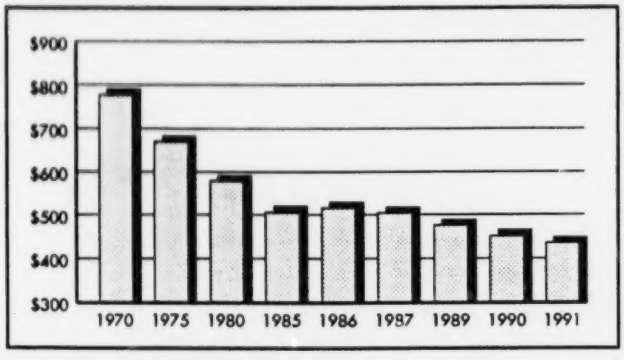
Families on Welfare

Welfare was initiated as a way of providing a safety net for mothers and children experiencing temporary, severe economic hardship. But the welfare system has failed to provide that security or to be temporary. It does not reach all poor families, it does not cover children's basic needs, and it makes it difficult — if not impossible — for some families to achieve economic self-sufficiency.

■ Although the number of children receiving Aid to Families with Dependent Children (AFDC) has increased dramatically in recent years, AFDC reaches only 60 percent of children living in poverty.[65]

■ Poor children who live in two-parent families are ineligible for AFDC benefits unless a parent is incapacitated or the principal wage earner is unemployed and meets specific criteria with regard to attachment to the work force and eligibility for unemployment compensation.[66]

Median State AFDC Benefit for a Family of Four, 1970–1991



Monthly benefit in constant 1991 dollars.

SOURCE: *Committee on Ways and Means, U.S. Congress*

Figure 5

■ Eligibility for AFDC differs by state. In a few states, families with incomes slightly above the poverty line are eligible to receive AFDC; in others, families with incomes of less than half the poverty threshold may be ineligible.[67]

- In 1992, in Alaska, California, Connecticut, Hawaii, and Vermont, a family of three with earnings of $1,100 per month (the equivalent of one parent working full-time at $6.90 per hour) would be eligible for AFDC and Medicaid.
- In Alabama, Arkansas, Louisiana, and Texas, a similar family with earnings of as little as $425 per month (the equivalent of one parent working 25 hours per week at the minimum wage of $4.25 per hour) would be ineligible for AFDC and Medicaid.

■ In none of the 50 states do welfare benefits (AFDC, food stamps) raise families with no other source of income out of poverty.[68]

■ AFDC benefits are not indexed for inflation; between 1970 and 1991, the median monthly benefit for a family of four has decreased by 44 percent, from $777 to $435 in constant 1991 dollars (see Figure 5).[69]

■ AFDC discourages many low-income parents from working because work, even at very low wages, results in the loss of welfare benefits that are often not compensated for by income or work-related benefits such as health insurance.[70]

■ AFDC discourages family formation. In almost all cases under current law, a low-income mother receiving AFDC and related welfare benefits (food stamps, Medicaid, and so on) would see her income decline substantially if she married a man working full-time at a minimum-wage job.[71]

  ■ If an AFDC recipient married a man who earned $15,000 annually and received health benefits from his employer, their income as a married couple would be substantially lower than the combination of their earnings and benefits when single.

Federal Programs Related to Family Income

Personal Exemption

■ *Authorization:* Section 151 of the Internal Revenue Code.

■ *Purpose:* The personal exemption is designed to reduce the taxable income of households and individuals by allowing them to exclude a portion of their income from federal income tax.

■ *Eligibility:* Anyone paying federal income tax is eligible.

■ *Benefits:* The amount of the exemption varies by year, based on inflation; in 1991, each household that paid income taxes benefited by deducting $2,150 from their taxable income for each dependent family member. Those with higher incomes (in the 31 percent marginal tax bracket) benefit more because they pay 31 cents of each dollar in taxes and thus save 31 cents per dollar of exemption. In contrast, households in the 15 percent marginal tax bracket pay 15 cents per dollar in taxes and therefore save only 15 cents per dollar of exemption. Households with incomes lower than their total

amount of exemptions receive no direct benefit because they owe no federal income tax. In 1992, a family of four with an income of less than $15,000 would owe no income tax and therefore would receive no direct benefit from the exemption. Approximately one child in four lives in a family that will not owe federal income tax this year.[72]

■ *Funding:* In 1991, the personal exemption claimed for dependent children resulted in a revenue loss to the federal government of an estimated $21 billion.[73]

Dependent Care Tax Credit

■ *Authorization:* Section 21 of the Internal Revenue Code.

■ *Purpose:* This tax credit is intended to offset expenses for child care or the care of other dependent family members.

■ *Eligibility:* All taxpayers who have dependent care expenses are eligible.

■ *Benefits:* The program allows a credit against taxes for a portion of permitted expenses up to $2,400 for one dependent and $4,800 for two or more dependents. Taxpayers with taxable incomes of $10,000 or less are allowed a credit equal to 30 percent of expenses. For those with taxable incomes from $10,000 to $28,000, the credit steps down gradually; over $28,000, it is limited to 20 percent of expenses up to a maximum of $960. The credit does not benefit those who do not owe taxes. To a family with two or more children making $20,000, the credit is worth up to $1,200. To a similar family making $28,000 or more, it is worth a maximum of $960.

■ *Funding:* In 1991, the Dependent Care Tax Credit resulted in a revenue loss to the federal government of an estimated $2.6 billion.[74]

Earned Income Tax Credit

■ *Authorization:* Section 32 of the Internal Revenue Code.

■ *Purpose:* This tax credit subsidizes the wages of low-income working parents with dependent children.

■ *Eligibility:* Eligibility is determined by the amount of a family's earned income and is adjusted annually. In 1992, families with dependent children earning less than $22,370 were eligible to receive the credit.

■ *Benefits:* Low-income working parents may claim a credit for a percentage of their earnings. The credit is deducted from any income taxes they owe or paid in cash if they do not owe taxes. The amount of the credit varies with income and family size. In 1992, for example, the maximum credit for a family with two children that earns between $7,520 and $11,840 was $1,380. A family with two persons earning the minimum wage for a total earned income of $17,000 would be eligible to receive a credit of about $705. As earned income rises above $11,840, the credit declines in value; it is phased out at $22,370. An additional 6 percent credit is available to offset the cost of health insurance for dependent children, and an additional 5 percent credit is available to families with children under age 1.

■ *Funding:* In 1991, the Earned Income Tax Credit resulted in a revenue loss to the federal government of an estimated $2.3 billion. Refunds to families whose credit exceeded their income tax liability totalled approximately $4.9 billion.[75]

Aid to Families with Dependent Children (AFDC)

■ *Authorization:* Title IV-A of the Social Security Act.

■ *Purpose:* Originally, AFDC was intended to provide temporary welfare assistance to widows and orphans until they began to receive survivors' insurance; now, it is a long-term or recurrent source of income for many single-parent families with dependent children and no wage earner. While almost one-third of AFDC families will be enrolled for less than two years and about half will be enrolled for less than four years, a majority of those enrolled at any point in time are in the midst of a very long period of AFDC receipt (longer than 8 years).[76]

■ *Eligibility:* Eligibility is determined primarily by the states. Generally, single-parent families and some two-parent families where the principal wage earner is unemployed that have incomes below their state's maximum benefit level in a given month are eligible for AFDC.

■ *Benefits:* Benefit levels are determined by the states; in 1992, the maximum AFDC benefit for a family of three in an average state was $372 per month, about 40 percent of the official poverty level for a family of that size.[77] All families who are eligible for AFDC are covered by Medicaid.

■ *Funding:* The federal government pays at least half of each state's AFDC benefit payments and at most 83 percent. In 1991, the federal share of AFDC costs was $12.5 billion.[78]

Supplemental Security Income (SSI)

■ *Authorization:* Title XVI of the Social Security Act.

■ *Purpose:* SSI aims to ensure a minimum income for all aged, blind, or disabled persons with low incomes.

■ *Eligibility:* Blind, disabled, or elderly individuals whose family incomes fall below the standard SSI benefit ($422 per month for individuals, $633 per month for married couples) are eligible.

■ *Benefits:* Benefits vary somewhat depending upon income and living arrangement (for example, married couples have a higher standard benefit than individuals, and recipients living in someone else's household receive less than those living in their own households).

■ *Funding:* In 1991, SSI cost the federal government $15.9 billion.[79]

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Good health is essential to children's growth and development and to their future prospects. Most American children grow up healthy; however, an alarming number do not. Despite advances in scientific knowledge and health care technology, far too many children in the United States suffer health problems that lead to unnecessary disease, disability, and even death.

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Healthy children are the product of families and a society that provide the elements essential to healthy development — adequate medical care, good nutrition, a healthful lifestyle, and a safe environment.

Access to medical services when children are sick, injured, or in need of check-ups is an essential ingredient of their health care, but protecting children's health requires more than simply taking them to the doctor. Ensuring good health begins at home. Parents can serve as guardians of their children's health by maintaining a safe and secure home environment, providing a nutritious diet, obtaining necessary medical care, and being role models for healthful living. Communities also play a critical role by creating safe neighborhoods and providing essential health education and health care services.

All American children should have a chance to be born healthy and to grow up healthy, but far too many do not. Despite steady progress during the 1970s in improving many key indicators of children's health, during the 1980s the nation failed to keep pace — and in some cases slipped dangerously backward.

■ Children are more likely to grow into healthy adults if they are born healthy. Infant health depends on many factors, including how a mother takes care of herself during pregnancy, the baby's nutrition in the first months of life, and the medical care available to the pregnant woman and baby. Unfortunately, progress in key areas of infant health has slowed or reversed in recent years.

■ Americans know how to prevent children from going deaf, dying from measles, or being paralyzed by polio; we know how to prevent sexually transmitted diseases and AIDS. Yet despite our nation's advanced medical knowledge and technology, alarming numbers of American children fall victim to these and other communicable diseases — and the numbers are rising.

■ Infants and young children are particularly vulnerable to the effects of inadequate nutrition. An inadequate diet can impair growth and damage health during the critical early stages of development. Yet, childhood hunger is on the rise in America, fueled by increases in child poverty.

■ Some chronic and disabling conditions are becoming increasingly common in American children, affecting as many as 10 percent to 15 percent of them. Some of these conditions are preventable, others are not. Women's medical care and behavior during pregnancy, the physical and emotional environment surrounding a child, and a child's own behavior are all factors contributing to the occurrence or avoidance of some chronic and disabling conditions. Some conditions are genetic. Many others have no currently identifiable cause and no means of prevention.

■ Although they have significant effects on children's health and development, mental health and emotional problems often do not receive much attention. One in 10 American children suffers from a mental health problem serious enough to warrant treatment.

■ Children are at high risk of accidental injury. After age 1, accidental injuries are the leading cause of death in children. Many of these deaths can be prevented by creating safe environments for young children and by helping older children and adolescents avoid dangerous behaviors.

■ Increasingly, children are endangered by violence in their homes and neighborhoods. Compared to previous generations, more children are exposed to violence and at younger ages; more young people are perpetrators of violent crimes; and an alarming number of children are victims of violence, even at home. Pervasive violence is not only a threat to children's health and safety, but also a profound threat to their mental and emotional development, especially when they are exposed to violence at a young age.

■ While healthful lifestyles and safe environments are essential to protecting children's health, so is access to medical care. Without access to doctors, hospitals, and medicine, children often suffer disease, disability, and death — much of it preventable. Some children cannot get medical care because their families lack employer-sponsored health insurance and cannot afford to buy coverage on their own; others have insurance but cannot get care because hospitals and clinics are overcrowded or there are no facilities or doctors near enough to treat them.

Overall, children in the United States are healthier than in previous generations; however, in many areas the progress of past decades has halted or reversed in recent years. Significantly improving children's health will require actions by government, medical providers, and employers, as well as by parents and children themselves.

Child Health Indicators

Prenatal and Infant Health

Improvements in several areas of prenatal and infant health have slowed or reversed in recent years.

■ Twenty-five percent of American babies are born to women who received inadequate prenatal care. Among black Americans, 40 percent of babies are born without such care.[1]

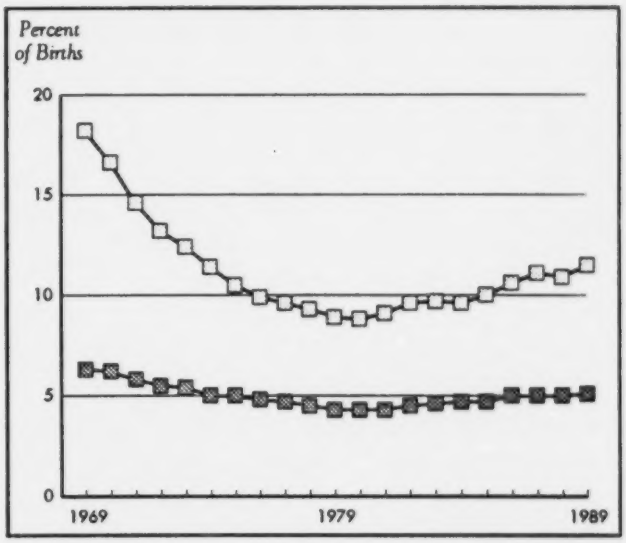
■ Women who do not receive adequate prenatal care are about three times as likely to deliver a low-birthweight baby as women who do. Low birthweight (less than 5.5 pounds) is the leading correlate of infant death or lifelong disability.[2]

▪ Prenatal care that begins early, continues throughout pregnancy, and is appropriate to the mother's level of health risk can prevent low birthweight.[3]

■ Progress made during the 1970s in increasing the proportion of women getting prenatal care stalled in the 1980s.

▪ Between 1980 and 1989, the percentage of babies born to women who received late (third trimester) or no prenatal care increased by .8 percent among white babies and by 2.7 percent among black babies (see Figure 1).[4]

Percent of Babies Born to Women Who Received Late (Third Trimester)or No Prenatal Care, 1969–1989



SOURCES: *Children's Defense Fund and National Center for Health Statistics*

Figure 1

- The Institute of Medicine estimates that every $1 spent on prenatal care for low-income or poorly educated women saves $3 in spending on medical care for low-birthweight babies in the first year of life alone.[5]

  - According to several studies performed in the late 1980s, the cost of prenatal care averages about $400 per woman. One study estimated that for each low-birthweight baby, the initial costs of medical care and hospitalization averaged about $7,000, and the long-term costs of treatment and repeat hospitalization averaged $23,000.[6]

- For more than 10 years, no progress has been made in reducing the overall proportion of low-birthweight babies (those weighing less than 5.5 pounds). In 1989, 7 percent of all babies were born too soon or too small.[7]

  - Low-birthweight babies account for two-thirds of all infant deaths.[8]

  - Low-birthweight babies are 40 times as likely as normal-birthweight babies to die in their first month and five times as likely to die during their first year.[9]

  - Low-birthweight babies are two to three times as likely as normal-birthweight babies to have handicapping conditions such as chronic lung problems, cerebral palsy, epilepsy, blindness, deafness, or mental retardation.[10]

  - At least half of all newborns treated in neonatal intensive care units have a low weight at birth. The average cost of such care has been estimated at $7,000 per baby — a cost that does not include the longer and repeated hospitalizations throughout their first year and later life, as well as special education to address the learning disabilities often associated with prematurity and low birthweight.[11]

  - Too many pregnant women still engage in unhealthful behaviors such as smoking, drinking, and drug use. If continued throughout pregnancy, these behaviors threaten the health of pregnant women and the lives of their babies.[12]

    - Recent data on the number of women who smoked or drank during pregnancy are not available; however, a 1980 survey found that more than half of all women either smoked or drank during pregnancy.[13]

- For black Americans, the percentage of low-birthweight babies has increased in recent years.

  - In 1984, 12.4 percent of black babies had a low weight at birth; in 1989, 13.2 percent did.[14]

  - In 1989, low birthweight was more than twice as frequent among black babies as among white babies (13.2 percent versus 5.7 percent).[15]

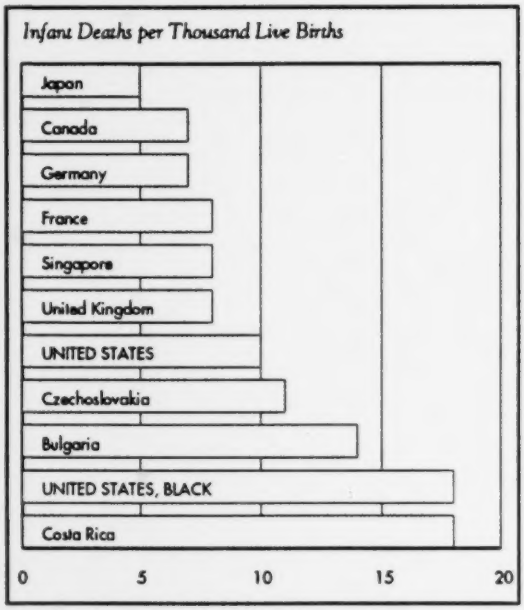
■ In 1989, the most recent year for which complete figures are available, the U.S. infant mortality rate was 9.8 deaths for every 1,000 live births. This rate was higher than that in 18 other industrialized countries, including Japan, Canada, Singapore, and the former East Germany (see Figure 2).[16]

- Each year, nearly 40,000 American babies die before their first birthday.[17]
- The United States made rapid progress in reducing the infant mortality rate during the 1960s and 1970s, but it has slowed in recent years.
  - Provisional statistics indicate that the infant mortality rate was approximately 9 per 1,000 in 1991. It will take significant effort to meet the Surgeon General's objective of lowering the rate to 7 per 1,000 by the year 2000.[18]

■ In America, black babies are twice as likely to die as white babies. The infant mortality rate for black babies was 17.7 deaths per 1,000 live births in 1989.[19]

- A child born in Czechoslovakia or Bulgaria has a better chance of celebrating his or her first birthday than does a black child born in America.[20]

Infant Mortality Rates, Selected Countries, 1990



SOURCES: *UNICEF and National Center for Health Statistics*

Figure 2

■ The Surgeon General's objective is to reduce the infant mortality rate for black babies to 11 per 1,000 by the end of the decade. If the slow rate of progress in recent years does not improve, the nation will fall far short of this objective.[21]

Communicable Diseases

Many preventable diseases are on the rise among children and adolescents. Among the factors contributing to these increases are parents who fail to have their children immunized, teenagers who abuse alcohol and drugs or engage in unprotected sex, and governments that fail to adequately fund preventive public health programs such as immunizations.

■ After rapid improvement in the 1960s and 1970s, immunization rates among young children slumped during the 1980s, leaving many American children vulnerable to deadly diseases that are preventable.

- In 1985, the federal government suspended data collection on immunization rates among pre-school age children. But the rates of immunization for polio, diphtheria, rubella, measles, and mumps declined between 1980 and 1985, and most experts believe that in 1991 only about 70 percent of 2-year-olds had received these basic vaccines.[22]

- In 1990 surveys of several inner cities, only about half of pre-school age children were immunized.[23]

- Low rates of immunization have contributed to outbreaks of measles, mumps, and whooping cough in recent years.

  - In 1990, 26,000 cases of measles were reported, a huge increase over the average of 3,000 per year from 1981 to 1988. Nearly 100 deaths resulted from measles in 1990.[24]

  - In 1987, almost 13,000 cases of mumps were reported, up from fewer than 3,000 in 1985.[25]

  - Reported cases of whooping cough increased from 1,248 in 1981 to 4,157 in 1989.[26]

- Childhood vaccination rates vary by race, with white pre-school age children more often fully immunized than black pre-school age children.

  - In 1985, 79.5 percent of white 2-year-olds were fully immunized for polio, versus only 56.5 percent of black 2-year-olds.[27]

- Public health investments in childhood immunization are cost-effective.

  - A 1984 study found that every $1 spent on the Childhood Immunization Program saved the government an estimated $10 in medical costs.[28]

  - During the first 20 years of the measles vaccine's licensure (1963-1982), the United States saved an estimated $5 billion in cases where measles and its complications had been prevented.[29]

■ AIDS threatens a growing number of young children each year, primarily through transmission from their mothers before or at birth.

- By July 1992, 3,898 cases of pediatric AIDS had been diagnosed. At current rates, 13,000 children will have contracted AIDS by the year 2000, and many more will be HIV positive (infected with HIV but not yet showing symptoms of AIDS).[30]
- Minority children are disproportionately afflicted with AIDS. Only 20 percent of pediatric AIDS victims are white; 54 percent are black, and 25 percent are other races (see Figure 3).[31]

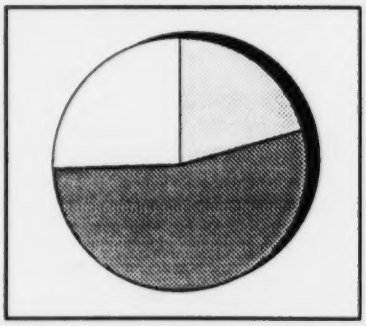
■ AIDS and HIV infection are beginning to rise quickly among women and among teenagers and young adults.[32]

- The number of AIDS cases is increasing almost twice as quickly among women as among men. New cases of AIDS were 18 percent higher among women between July 1991 and June 1992 than during the previous 12 months; among men they were about 9 percent higher.[33]
- The number of young people age 13 to 24 with AIDS rose more than 70 percent between 1989 and 1990.[34]
  - As of July 1992, 9,783 AIDS cases have been reported among young people age 13 to 24. Although relatively few of these cases are among teenagers, the lag time between HIV infection and the appearance of symptoms (which can be as long as 10 years), indicates that many were infected as teenagers.[35]

■ Each year, approximately 3 million teenagers contract a sexually transmitted disease (STD) such as syphilis, gonorrhea, or chlamydia. These diseases can cause serious and lasting health problems.

- In 1991, the rate of syphilis infection among 15- to 19-year-olds was approximately 27 cases per 100,000 persons this age, up from 15 per 100,000 in 1985.[36]
- Gonorrhea has been at epidemic levels among 15- to 19-year-olds since the mid-1970s, with an infection rate of approximately 1,000 cases per 100,000 persons in this population. This means that every year, 1 percent of 15- to 19-year-olds contract gonorrhea.[37]

Pediatric AIDS Cases (Under Age 13) by Race/Ethnicity, June 1992



Total Cases Under Age 13 = 3,898

SOURCE: Centers for Disease Control

Figure 3

- The Centers for Disease Control estimates that 4 million cases of chlamydia infection occur annually, primarily among adolescents and young adults. At highest risk are unwed teenagers living in urban areas, where infection rates can reach 20 percent to 30 percent.[38]

Inadequate Nutrition

An estimated 2 million to 5.5 million American children, predominantly in low-income families, receive inadequate nutrition.[39]

- Children and pregnant women who do not receive proper nutrition are vulnerable to serious medical conditions that can impair children's development.
  - Among infants and young children, malnourishment can retard growth, resulting in insufficient weight gain or in height and weight measurements that are consistently far below average.[40]
    - Growth retardation can result in a condition known as "failure to thrive," which causes lasting damage to a child's growth, cognition, and socioemotional development.[41]
  - Low birthweight is strongly associated with insufficient weight gain by the mother during pregnancy. Women who gain less than 20 pounds during pregnancy are twice as likely to deliver a low-birthweight baby as women who gain more than 20 pounds.[42]
- Poor nutrition and the health problems associated with it are most common among poor families.
  - In a 1988 survey of low-income families in the state of Washington, four out of five families reported food shortages during the year and one out of three reported shortages on a monthly basis.[43]
  - Poor children under age 6 are more likely than other children that age to exhibit signs of poor nutrition, including growth retardation and anemia.[44]
  - In 1988, growth retardation affected an estimated 15 percent of low-income black infants and 16 percent of low-income Hispanic infants.[45]
  - One in five low-income children age 1 to 2 has an iron deficiency. Iron deficiency often leads to anemia, and in young children even mild iron deficiency can impair behavior, development, and intellectual performance.[46]

■ Since poor nutrition is closely associated with poverty, it will continue to be a serious problem until poverty among families with children is reduced.

- Public health programs for low-income families can help reduce nutrition-related health problems among poor children.
  - An extensive evaluation of the Special Supplemental Food Program for Women, Infants, and Children (WIC) in 1986 found that low-income pregnant women who received food packages through WIC were less likely to deliver premature or low-birthweight babies than their peers who were not in the program.[47]
  - A 1989 study found that low-income women and children in the Food Stamp Program had better nutrition than those who were not in the program.[48]

Chronic and Disabling Conditions

Ten to 15 percent of American children have chronic and disabling physical conditions associated with genetic or metabolic disorders, birth defects, prematurity, trauma, or infection.[49]

■ Chronic illness and disability among children have been increasing over time.[50]

- Among conditions that commonly limit normal childhood activities are respiratory diseases, mental and nervous disorders, orthopedic impairments, and sensory impairments.
- An estimated 5 to 10 percent of adolescents experience chronic conditions serious enough to limit their activities. These conditions include severe asthma, juvenile-onset diabetes, congenital heart disease, leukemia, cystic fibrosis, sickle-cell anemia, and chronic kidney disease.[51]

■ In 1990, the U.S. Department of Health and Human Services reported that among American children: about 1 million have speech impairments; about 1 million have hearing impairments; nearly 2 million have physical deformities or orthopedic impairments; about 1 million have chronic migraine headaches; about 1 million have some form of heart disease; more than 3 million have chronic bronchitis; and nearly 4 million have asthma.[52]

■ Many children are at risk of contracting chronic and disabling conditions due to environmental factors.

- A growing number of children, as many as 375,000 each year, are exposed to drugs before birth. These children are especially vulnerable to serious physical and mental disabilities, as well as behavioral problems and learning impairments.[53]

- An estimated 12 million children, mostly those living in old or substandard housing, are at risk of lead poisoning. An estimated 3 million to 4 million children in 1984 had concentrations of lead in their blood that are known to adversely affect cognitive development and behavior.[54]

■ Children with chronic or disabling conditions may require specialized diagnostic and therapeutic care, medical and surgical care, home health care, and mental health services. They may also require special educational, vocational, and family services.

- The physical and financial burdens of caring for children with chronic or disabling conditions can be overwhelming for their families. The refusal of insurance companies to provide coverage can compound these burdens and jeopardize the health and well-being of the children. One recent study found that children with disabling conditions are much less likely to have private insurance coverage than children with no disabilities.[55]

Mental Health

Mental, emotional, and behavioral disorders are on the rise among American children, posing a serious threat to their health and development and creating a need for improved mental health services for children and youth.

■ In 1988, approximately 10 percent of children age 3 to 17 were treated for serious mental, emotional, or behavioral disorders, including autism and depression. In 1981, only 6.5 percent were.[56]

■ An estimated 12 percent of American children under age 18 suffer from seriously handicapping mental disorders, including developmental impairments, emotional disturbances, behavioral problems, and psychosomatic conditions.[57]

■ A variety of biological, psychological, social, and environmental factors can cause mental disorders.[58]

- Some conditions seem to have a genetic basis, including Tourette's syndrome, autism, and some learning disabilities.

- Other conditions, particularly learning disorders, may be prompted by biological causes such as physical injury or exposure to environmental toxins.

- Chronic stress, caused by conditions such as poverty, abuse or neglect, and disrupted family relationships, increases the risk of mental health problems in children.

■ One particularly troubling indicator of emotional problems among children is the growing phenomenon of suicide.

- The suicide rate among young people age 10 to 19 increased 30 percent between 1980 and 1989, from 5 per 100,000 persons that age to 6.5 per 100,000.[59]

- A 1991 survey found that as many as 1 in 12 American high school students had attempted suicide.[60]

- Depression is the most common risk factor for suicide among children. Family discord, peer pressure, and disabling physical abnormalities are other risk factors.[61]

- An estimated 70 percent of children needing treatment for mental and emotional problems do not receive it.[62]

Accidental Injury

Accidents are one of the leading threats to children's health.

- Accidents are the leading cause of death in all children after age 1.

  - In 1989, accidents caused 38 percent of deaths among children age 1 to 4, 46 percent among those age 5 to 14, and 46 percent among those age 15 to 24.[63]

  - In babies under age 1, the most common causes of accidental deaths are choking, fires and burns, and motor vehicle accidents.[64]

  - Accidental deaths caused by choking, fires and burns, and motor vehicle accidents are also common among children age 1 to 4, but these children are also particularly susceptible to death by drowning, falls, and poisoning — accidents related to their higher levels of motor development and interest in exploring their environment.[65]

- In most categories of accidental death, children living in rural areas tend to be at higher risk than children living in urban or suburban areas.[66]

- High accident rates are partially explained by the behavioral choices that parents and children make.

  - In a 1991 survey of children in grades 6 through 12, 50 percent of those surveyed said they did not wear seat belts "all" or "most" of the time.[67]

  - In the same survey, 33 percent of the children reported riding at least twice in the previous year with a driver who had used alcohol or drugs before driving.

Violence

Violence is becoming a tragic fact of life for an increasing number of American children. Whether they are observers, victims, or perpetrators, in their communities, schools, and even in their homes, more children are being exposed to violence at younger ages than ever before.

■ An alarming number of children witness violence at young ages.

■ 1991 surveys of children age 6 to 11 in Washington, DC and New Orleans found that over 90 percent had witnessed some type of violence and over one-third had witnessed severe violence.[68]

▪ Over half of the fifth-graders surveyed in New Orleans had been victims of violence themselves.

■ Violence affects children in cities, in small towns, in schools, and even in their homes.

■ A 1990 survey of inner-city teenagers in Baltimore found that one in four had witnessed a murder and that three out of four knew someone who had been shot.[69]

■ Another 1990 survey of 6th to 12th grade students in Midwestern towns and small cities found that 55 percent had been involved in violence during the year. Over 30 percent of girls in grades 9 through 12 reported having been physically or sexually abused.[70]

■ From 1985 to 1988, an average of 3 million thefts and violent crimes occurred on or near school campuses each year.[71]

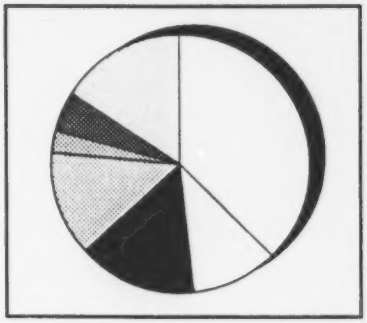
■ Reports of child abuse and neglect rose 40 percent between 1985 and 1991, from 1.9 million to 2.7 million cases.[72]

■ A 1990 survey of children age 10 to 17 found that minority children had high levels of anxiety about their physical safety. One-third of black and Hispanic children worried "a lot" that someone on drugs would hurt them, and more than one in five Hispanic children worried "a lot" that they would be beaten up, sexually abused, or raped.[73]

■ Violence has become one of the leading causes of death among American children.

■ Teenage boys, regardless of race, are more likely to die from gunshot wounds than from all natural causes combined.[74]

Causes of Death, Young People Age 15–24, 1988



- ☐ *Motor Vehicle Accidents* 37.7%
- ☐ *Other Accidents & Adverse Effects* 10.7%
- ■ *Homicide & Legal Intervention* 15.1%
- ☐ *Suicide* 12.9%
- ▒ *Heart Disease* 2.9%
- ■ *Cancer* 5.0%
- ☐ *Other* 15.7%

Total Deaths = 38,167

SOURCE: National Center for Health Statistics

Figure 4

- Homicide is the second leading cause of death for all young people age 15 to 24 (see Figure 4);[75] since 1978, it has been the leading cause of death for young black men age 15 to 24.[76]

■ The last few years have seen a sharp increase in the number of children committing violent crimes.

- The juvenile arrest rate for violent crime jumped 27 percent in the past decade: among white juveniles, there was a 44 percent increase compared to a 19 percent increase among black juveniles and a 53 percent decline among all other racial or ethnic groups.[77]

Access to Medical Care

Medical care is essential to maintaining children's health, yet many American children have limited or no access to such care.

■ One indication of a family's ability to access health care is the frequency with which they visit a physician.

- In 1990, nearly 20 percent of American children had had no contact with a physician during the previous year.[78]

- Also in 1990, almost 10 percent of children age 5 to 17 had not visited a doctor in two or more years.[79]

■ Frequency of doctor visits is related to income. Often, those least able to obtain medical care are those who earn too much to qualify for Medicaid (the government-financed health care program for the poor) but too little to afford private medical insurance.

- In 1990, in families with incomes of less than $10,000, 8.4 percent of the children had not seen a physician in at least two years.[80]

- In families with incomes over $35,000, only 4.9 percent of children had gone two years or more without seeing a physician.[81]

- Children in families whose incomes were between $10,000 and $20,000 were least likely to see a physician: almost 9 percent had not seen a doctor in at least two years.[82]

Health Insurance Coverage

Families with no health insurance are often unable to pay the high cost of adequate health care.

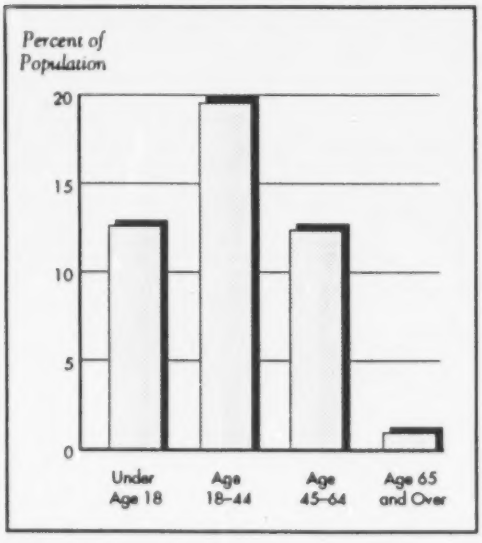
■ Many children do not receive adequate health care because their families do not have health insurance.

■ About 70 percent of children are covered by private health insurance[83], 90 percent of which is purchased through parents' employer-based group plans.[84]

■ About 20 percent of children are covered by public health insurance programs, primarily Medicaid. Some of these children are partially covered by private insurance.[85]

■ About 13 percent of children — 8.3 million — are not covered by any public or private health insurance (see Figure 5).[86]

Persons Not Covered by Any Public or Private Health Insurance by Age, 1991



SOURCE: *Bureau of the Census*

Figure 5

■ About 20 percent of adults age 18 to 44 — the age range of the parents of most children — are not covered by any public or private health insurance (see Figure 5).[87]

■ Approximately two-thirds of uninsured children have at least one parent who works full-time, while another 13 percent have a parent who works part-time. Only 20 percent of uninsured children live in families where neither father nor mother works.[88]

■ Seventeen percent of rural Americans are uninsured, compared to 15 percent of urban Americans.[89]

■ Routine pediatric care can consume as much as 10 percent of a low-income working family's annual income.[90]

■ For the 1 family in 20 that has a child with a physical or mental disability severe enough to impair normal activity, the ongoing cost of care can be overwhelming without insurance.[91]

■ Government health insurance programs do not reach a large proportion of low-income families: Medicaid covered only about 60 percent of poor children in 1991.[92]

- Employer-sponsored health plans are less likely to cover dependents than they were a decade ago. In 1990, 33 percent of employers paid for dependent coverage in full, compared to 40 percent in 1980.[93]

■ Many women of reproductive age are not insured for maternity care, either because they do not have any health insurance or because their private insurance policies do not cover maternity care.

- It is estimated that in 1991, 433,000 pregnant women — 9 percent of all pregnant women — had no health insurance at all.[94]

- Having a baby cost roughly $4,300 in 1985, about one-fifth of the annual income of a typical couple in their early twenties; Cesarean deliveries were even more expensive.[95]

Underserved Areas and Populations

Some children do not receive medical care because there are no medical facilities or physicians nearby or because those that are nearby are overcrowded and impersonal.

■ In 1991, the federal government estimated that 2,049 geographical areas in the country had an insufficient number of health care providers and that it would take 4,360 additional providers to meet the need for medical care in those areas.[96]

- Obstetricians and pediatricians are more scarce in rural areas than in urban areas. For each 100,000 women of childbearing age, rural areas have 25 obstetricians and 22 pediatricians, while urban areas have 61 obstetricians and 70 pediatricians.[97]

- Families in urban areas, particularly low-income and minority families, face serious barriers to accessing health care, including: lack of transportation, language differences, long waits in crowded offices, and the widespread practice of offering only limited health and social services at any one location.[98]

Federal Programs Related to Children's Health

Medicaid

■ *Authorization:* Title XIX of the Social Security Act.

■ *Purpose:* Medicaid provides medical assistance to low-income persons who are aged, blind, disabled, or members of families with dependent children and to certain other low-income pregnant women and children.

■ *Eligibility:* Eligibility for Medicaid is partially tied to eligibility for Aid to Families with Dependent Children (AFDC). All AFDC recipients are eligible for Medicaid, as are all pregnant women and infants under age 1 whose family incomes are at or below the federal poverty level. Also eligible are all children up to age 7 whose family incomes are below state AFDC levels but who, for other reasons, fail to qualify for AFDC. Medicaid is paid for partly by the federal government and partly by the states; states may expand eligibility for Medicaid benefits, and many have.

■ *Services:* Medicaid pays for care received at hospitals and rural health clinics; fees for laboratory and X-ray services, family planning, physicians, and nurse-midwives; and Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), which provides comprehensive assessments of a child's health at regularly scheduled intervals and follow-up treatment as needed.

■ *Funding:* The federal share of Medicaid expenditures in 1991 was $53.6 billion and the state share was $40.7 billion, for a total of over $94 billion. This represents a 30 percent increase over 1990 expenditures.[99]

WIC

■ *Authorization:* Special Supplemental Food Program for Women, Infants, and Children (WIC), under the Child Nutrition Act of 1966.

■ *Purpose:* WIC is intended to increase healthy births and to upgrade child health by improving the nutrition of pregnant women, infants, and young children.

■ *Eligibility:* Nutritionally at-risk persons in families with incomes at or below 185 percent of the federal poverty level are eligible for WIC. Risk is determined by medical

tests conducted by a health professional and includes problems such as anemia, low birthweight, history of problem pregnancies, or history of poor pregnancy outcomes.

■ *Services:* WIC provides nutritionally appropriate monthly food packages to low-income pregnant, postpartum, and nursing women and to children up to age 5. It also provides nutrition counseling.

■ *Funding:* The federal authorization for WIC in 1991 was $2.35 billion.[100]

Maternal and Child Health Block Grant

■ *Authorization:* Title V of the Social Security Act.

■ *Purpose:* This block grant aims to reduce infant mortality, reduce the incidence of preventable disease and handicapping conditions among children, and increase the availability of prenatal, delivery, and postpartum medical care to low-income women.

■ *Eligibility:* States set their own eligibility requirements. They may charge for services except for those provided to women and children whose incomes are below the federal poverty level.

■ *Services:* States determine the services they will provide. Services may include prenatal care, well-child clinics, immunizations, vision and hearing screening, dental care, family planning, inpatient services for handicapped children, and screening for lead poisoning.

■ *Funding:* Federal funding for Maternal and Child Health Block Grants in 1991 was approximately $587 million.[101]

Community Health Centers

■ *Authorization:* Section 330 of the Public Health Service Act.

■ *Purpose:* Community Health Centers are intended to improve the health of persons in medically underserved areas by providing health care facilities.

■ *Eligibility:* State and local governments and nonprofit organizations are eligible to apply for grants to establish and operate Community Health Centers. In general, services are provided to all individuals seeking care, although policies vary from center to center.

■ *Services:* Centers may provide physician, laboratory, preventive health, emergency medical, and transportation services. Specified supplemental health services, ranging from hospital to home health to rehabilitative services, may also be provided.

■ *Funding:* Federal funding for Community Health Centers in 1991 was approximately $446 million.[102]

Migrant Health Centers

■ *Authorization:* Section 329 of the Public Health Service Act.

■ *Purpose:* Migrant Health Centers are intended to improve the health of migrant and other seasonal agricultural workers and their families by providing comprehensive primary health services.

■ *Eligibility:* State and local agencies, such as health departments and nonprofit organizations, are eligible to apply for grants to establish and operate Migrant Health Centers.

■ *Services:* Centers may provide: physician care; diagnostic, laboratory, radiologic pharmaceutical, emergency medical, and transportation services; preventive health care; and environmental health services related to the living and working conditions of many migrant workers.

■ *Funding:* Federal funding for Migrant Health Centers in 1991 was approximately $49 million.[103]

National Health Service Corps

■ *Authorization:* Section 338B of the Public Health Service Act.

■ *Purpose:* The National Health Service Corps is intended to provide greater access to medical care for residents of areas that are critically short of health care providers by assigning providers to those areas. The health care providers agree to serve these areas as partial payback for medical school loans or scholarships.

■ *Eligibility:* Anyone living in an area to which these providers are assigned is eligible to use the services.

■ *Services:* The services available depend upon the health care providers assigned to the area; these may be physicians, dentists, or others.

■ *Funding:* Federal funding for the National Health Service Corps in 1991 was approximately $91 million.[104]

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America's education system is failing many of its students — some of its best and brightest, some of its most needy, and some of those in between. Despite more than a decade of attention to and debate on the needs of schools and students, the United States remains a nation at risk, with many students lacking the knowledge, skills, and habits to become productive workers, active and thoughtful citizens, or effective leaders.

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Each child who fails to learn is a personal tragedy and a social loss. Children with inadequate education are more likely to become adults who are unemployed, on welfare, imprisoned, or who bear children out of wedlock. A nation whose future depends upon a smaller pool of future workers is undermined by each child who fails to acquire essential knowledge and skills.

■ Domestic and international measures of student performance indicate that U.S. students are not attaining a level of educational achievement that will prepare them for the challenges of the work force.

■ American students scored below average in most categories of a 1991 international comparison of math and science achievement by representative samples of 9- and 13-year-olds.

▪ In math, American 9-year-olds ranked ninth out of 10 countries or provinces, and our 13-year-olds finished below those in 12 other countries or provinces (see Figure 1).[1]

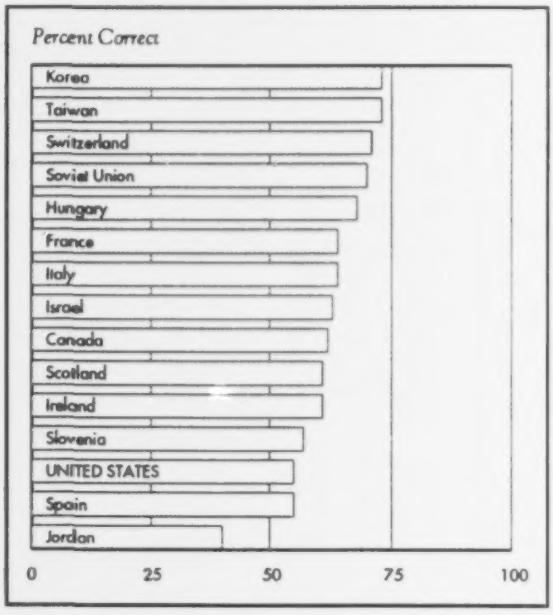
▪ In science, our 9-year-olds did well, placing third out of 10 countries or provinces. But our 13-year-olds did not maintain this edge in science, ranking thirteenth out of 15.[2]

■ While most American young people eventually finish high school, a significant minority cannot perform basic tasks that require functional literacy, such as calculating change owed them, finding information in a newspaper article, or using a bus schedule.[3]

■ Forty percent of American students are at risk of performing poorly in school or dropping out.[4]

■ Children are more likely to fail in school if they are poor, belong to a racial or ethnic minority, have limited proficiency in English, are raised in a single-parent family or by poorly educated parents, or have a disabling condition.

International Mathematics Scores, Average Percent Correct Among Children Age 13, Selected Countries, 1991



SOURCE: *Educational Testing Service*

Figure 1

- When risk factors are combined, a child's chances of performing poorly in school or dropping out increase.

- One of the most important ingredients in school success is entering elementary school ready to learn. High-quality early childhood programs can help children at risk of educational failure develop basic intellectual and social skills and acquire the motivation to succeed in school.[5]

- Despite more than a decade of reform efforts, the nation's education system remains ill-equipped to meet the learning needs of many of its students.

  - Many schools continue to teach curricula that fail to emphasize higher-order thinking skills, or they lack the technology that can aid student learning.

  - The teaching profession fails to attract many of the nation's top graduates.[6]

  - Because school financing is dependent to a large extent on the property tax base, there are inequities in financing across school districts. This often means that students most in need of high-quality education attend schools lacking in basic resources.[7]

Competent citizens, able to make thoughtful choices, are essential to a strong democracy. A healthy economy requires skilled and knowledgeable workers who can perform in an increasingly competitive world market. America's commitment to equal opportunity depends on our ability to give all children the chance to experience the joy of learning and to develop their talents to the greatest extent possible.

In 1989, the President and the nation's governors announced education goals to make sure that by the year 2000 all young Americans will be educationally prepared for the demands of adult life. The nation has a long way to go to reach these goals. Progress will require a commitment by all segments of society — not only the school system, but also government at all levels, business, community groups, and especially parents and students. Each has a stake in ensuring that every child acquires the knowledge and skills necessary to function in a complex and competitive society.

Signs of Trouble

Poor Student Performance

There is pervasive evidence that American students and the nation's education system are performing poorly.

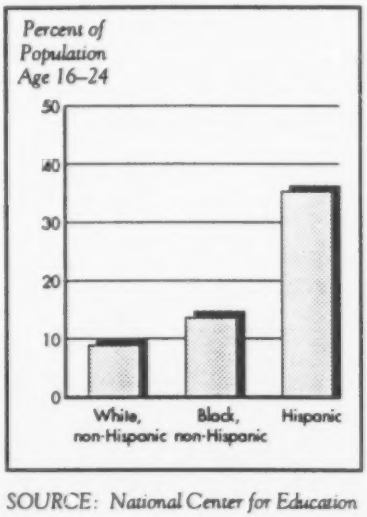
■ American students performed poorly on standardized tests of reading, writing, mathematics, and science administered between 1984 and 1990.

- Fewer than half of American 17-year-olds have the skills and basic knowledge required for college or many entry-level jobs.[8]
- Fewer than half of American 17-year-olds can understand complicated literary and informational passages that are typical of high school work or evaluate the procedures or results of a scientific study.[9]
- In 1971 and in 1990, only 7 percent of 17-year-olds were able to comprehend the kinds of specialized written materials that are common in business and higher education.[10]
- In 1986, only 59 percent of 17-year-olds could compute with decimals, fractions, and percents or solve simple equations.[11]

■ By any measure, dropout rates among U.S. students are distressingly high.

- One way of measuring dropout rates is to calculate how many students leave school during a year. In 1991, 4 percent of students enrolled in grades 10 to 12 — 348,000 students — dropped out of school by the end of the school year.[12]
- Another way of measuring the dropout rate is to follow one class of students over time. About 7 percent of students beginning eighth grade in 1988 dropped out of school before completing tenth grade.[13]
- The broadest measure of the dropout rate is the number of young adults who have not completed high school and are not enrolled in school. In 1991, approximately 3.9 million 16- to 24-year-olds — about one in eight — had dropped out of school.[14]

High School Dropouts Age 16–24 by Race/Ethnicity, 1991



SOURCE: *National Center for Education Statistics*

Figure 2

- Dropout rates vary by race and ethnicity: 9 percent of white, 14 percent of black, and 35 percent of Hispanic 16- to 24-year-olds have dropped out of high school (see Figure 2).[15]

- Dropout rates are higher in large cities. The Bureau of the Census estimates that in 1991 10 percent of all 16- to 19-year-olds had dropped out of school. Among 16- to 19-year-olds in large cities the rate was much higher.

  - In 1991, the dropout rate in Los Angeles was 22 percent; in Detroit, 19 percent; and in New York, 13 percent.[16]

  - The Chicago public schools had a 46 percent dropout rate over the four school years ending in 1991-92.[17]

- The personal and social costs of school dropout and academic failure are enormous.

  - In 1988, dropouts were nearly twice as likely as high school graduates and five times as likely as college graduates to be unemployed.[18]

  - Each year's class of dropouts costs the nation an estimated quarter of a trillion dollars in lost wages and foregone taxes over their lifetimes.[19]

  - Although dropping out of school is only one of many factors associated with criminal behavior, more than four out of five prison inmates are high school dropouts.[20]

  - Young adults age 18 to 23 with basic academic skills in the bottom fifth of distribution relative to their peers are almost nine times as likely as those in the top half to have a child out of wedlock and more than twice as likely to have been arrested in the previous year.[21]

  - Those without basic educational skills and knowledge are five times as likely as their better-educated peers to receive public assistance.[22]

An Ill-Prepared Work Force

Future economic growth in the United States and the stability of the nation's retirement system will depend in part on having a greater percentage of adults working and having each working adult be more productive than today's average worker. Yet many American students are not receiving an education that prepares them to meet the challenges of the workplace in the next century.

- Population and labor force projections suggest a slowdown in labor force growth in the next 10 to 15 years.

  - The rate of population growth is expected to slow from a 1 percent annual rate between 1975 and 1990 to a 0.8 percent annual rate between 1990 and 2005.[23]

- Projections indicate that the rate of labor force growth from 1990 to 2005 will be slower than in any comparable period over the last 25 years.[24]

- Youth age 16 to 24 will compromise only one-sixth of the labor force by the year 2000, down from one-fifth in 1970 and one-quarter in 1980.[25]

■ The productivity of each worker becomes more important as the number of workers declines and the number of elderly persons dependent upon them grows.

- In 1950, 16 workers contributed to the Social Security system for each retiree who drew a Social Security pension. In 1960, this ratio was 5 to 1. By 1990, it had dropped to 3 to 1 and was still falling.[26]

■ Although most people eventually finish high school, many lack the basic skills necessary for managing daily life and entering the work force.

- In 1987, more than 77 percent of persons 18 and over had graduated high school. Almost 84 percent of those 18 to 24 were high school graduates.[27]

- A 1987 literacy assessment of 21- to 25-year-olds — the most comprehensive analysis to date — found that only 38 percent could calculate the change due from a two-item restaurant bill, only 37 percent could find information in a lengthy newspaper article, and only 20 percent could use bus schedules.[28]

- Employers report having trouble finding young workers with a strong work ethic and personal qualities that are essential in the work place, such as reliability and a good attitude.[29]

- The verbal skills of even the top U.S. students have declined markedly. The percentage of college-bound high school seniors scoring 700 and over on the verbal portion of the Scholastic Aptitude Test fell from 2.3 percent in 1967 to just 1 percent in 1991.[30]

■ Poor academic performance and high dropout rates have combined to create a growing disparity between the qualifications of today's students and the higher education and skill levels needed for the jobs of tomorrow.

- Studies released in 1987 and 1990 predict that college will be a prerequisite for one-third of new jobs by the year 2000; in 1987 only 22 percent required a college education. More than half of all new jobs created by the end of the century will require post-high school education.[31]

- Current projections show faster rates of employment growth for occupations that require higher levels of education or training than for those requiring less formal education or training.[32]

Students At Risk of Failure in School

Risk Factors

Approximately 40 percent of American school children face at least one major obstacle to learning that puts them at risk of failing in school.[33]

■ Several factors place a child at educational risk including poverty, being a member of a racial or ethnic minority, limited proficiency in English, physical or mental disability, or being raised in a single-parent family or by poorly educated parents.

- No single factor condemns a child to poor performance in school; however, the factors placing many children at educational risk are interrelated, and the chance of failure increases with each additional factor. For example, a poor Hispanic child who speaks little English and whose parents had little schooling is generally at greater risk for school failure than a child who is simply poor.
- Compounding these difficulties are conditions outside the family, such as poor-quality schools and unsafe neighborhoods.

■ Poor children are much more likely than children who are not poor to fall behind in school, to have below-average academic skills, and to drop out.[34]

- Poor children are nearly twice as likely as children who are not poor to be behind one or more grades.[35]
- In a 1988 study, the reading proficiency of the average 17-year-old in a poor urban area matched that of a typical 13-year-old in an affluent urban area.[36]
- Poverty affects learning in multiple ways.[37]
  - Poverty increases the risk of health and nutritional problems, which inhibit children's ability to concentrate and cause absenteeism.
  - Family stress and isolation, heightened by poverty, reduce the likelihood that young children will have preschool experiences that foster intellectual development and early school success or that older children will receive academic encouragement, help with homework, special lessons, and enrichment experiences at home.
  - Poor children are more likely to attend troubled schools with limited resources, and their parents are less likely to have the personal resources to compensate for the school's deficiencies.

■ Although the gap has narrowed in recent years, disparities remain between the proficiency levels of white and minority students.

- In proficiency tests administered between 1969 and 1990, white students age 9, 13, and 17 consistently had higher average scores than their black and Hispanic counterparts in science, math, and reading.[38]

- Between 1969 and 1990, science proficiency remained stable for white 9- and 13-year-olds but decreased for 17-year-olds. In contrast, black and Hispanic students showed gains at age 9 and age 13 and maintained their initial levels of achievement at age 17.[39]

- In mathematics, the only significant progress by white students since 1973 was at age 9. In comparison, black students showed significant improvement at all three ages, as did Hispanic students at age 9 and age 13.[40]

- Although the reading proficiency of white 17-year-olds has improved significantly since 1971, 9- and 13-year-olds were reading at about the same level in 1990 as nearly two decades ago. Black students, however, demonstrated significantly higher reading proficiency in 1990 at all three ages. Hispanic students also showed gains at age 17, but their reading performance did not change significantly at the younger ages.[41]

■ There is little agreement on how to define or measure the size of the population with limited English proficiency. However, by third grade, children whose families often or always speak a language other than English at home are likely to be more than a year behind their peers in reading proficiency.[42]

■ In 1988, roughly one child in five age 3 to 17 was reported by his or her parents to have a learning disability or a developmental or emotional problem that could impair learning.[43]

- Children with developmental, learning, or emotional problems often need special educational services including special instructional assistance, transportation, physical or speech therapy, and psychological services.

- Children with diagnosed learning disabilities are the most likely to receive special services; in 1988, 70 percent were in special education programs.[44]

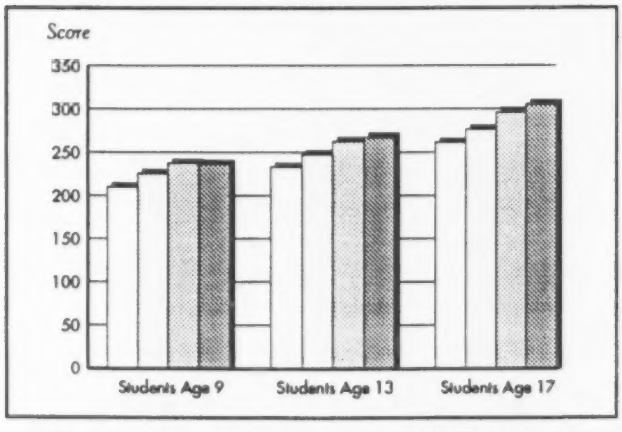
- By contrast, in 1988, only 25 percent of children with serious emotional or behavioral problems and only 23 percent with delays in growth or development received special services.[45]

■ Children in single-parent families tend to score lower on standardized tests and to receive lower grades in school.[46]

■ Children in single-parent families are nearly twice as likely to drop out of high school as children from two-parent families.[47]

■ In the late 1980s, almost one child in five lived with a mother who had not completed high school. These children scored lower on standardized tests and were two to three times as likely to drop out of school as were children whose mothers had more schooling.[48]

Science Proficiency Scores by Education Level of Parents, 1990



SOURCE: National Center for Education Statistics

Figure 3

■ In standardized tests of science proficiency, children whose parents had attended college scored higher than those whose parents had not attended college (see Figure 3).[49]

Programs for Children At-Risk

The federal government devotes a large share of its expenditures on education to children at risk of educational failure.

■ Of 1991 federal on-budget spending for education, Chapter 1 Compensatory Education Grants accounted for 22 percent ($5.3 billion) and education for individuals with disabilities accounted for an additional 10 percent ($2.3 billion).[50]

■ Public school students participate in a wide variety of compensatory and remedial programs and services.

■ In 1988 (the most recent year for which data are available), 2.8 percent of elementary and secondary students participated in bilingual education, and 2.6 percent took English as a second language.[51]

■ In 1988, 10.8 percent of elementary and secondary students participated in remedial reading and 7.1 percent in remedial mathematics.[52]

■ Programs for individuals with disabilities served 7.2 percent of public elementary and secondary students.[53]

■ Twelve percent of students used vocational or technical programs, and 10.8 percent used diagnostic and prescriptive services.[54]

Improving American Education

Preparing Students for School

When children enter school ready to learn — healthy, confident, able to focus and interact positively with adults and other children — they are much more likely to be motivated and to expect to succeed. When children have not received the care and developmental stimulation that provide this foundation for school success, they are often at serious risk of failure in school. Research indicates that high-quality early childhood programs for children at risk of failure can often compensate for early deficits and help children develop basic intellectual and social skills and the motivation to succeed.[55]

■ Longitudinal studies of several early childhood programs for children at risk of failure in school indicate that young adults who participated in these programs as children have increased their chance of success at school and work.

- Young adults who participated in early childhood programs as children are less likely than peers with similar backgrounds who did not participate in such programs to have repeated a grade or to have been referred to special education classes.[56]

- Young adults who participated in early childhood programs are also more achievement-oriented than peers who did not participate in such programs, and their parents have higher educational and work aspirations for them.[57]

- Young adults who participated in early childhood programs were also more likely to finish high school and to be employed than were peers who did not have the benefit of an early childhood program.[58]

■ Longitudinal evaluations of the Perry Preschool Project, a comprehensive early intervention program for poor black children, found that adults who had participated in the program had higher incomes and were more likely to be employed, less likely to be on welfare, and less likely to become pregnant as teenagers than their peers who had not participated in the program.[59]

■ A 1985 review and analysis of more than 200 evaluations of Head Start, the federally funded, comprehensive early childhood program for low-income preschoolers and their families, concluded that the program had immediate positive effects on children's intellectual abilities. While these cognitive gains tended to disappear after two years,

other social, emotional, and physical gains that are also critical to school success were more lasting.[60]

- Head Start appears to improve children's self-esteem, motivation to achieve, and social behavior. It also has a positive influence on their health, motor coordination, and development; encourages parents' participation in their children's education; and makes community institutions more aware of and responsive to the needs of low-income families and their children.[61]

- Some evaluations indicate that Head Start graduates are less likely to fail a grade in school or to require special education services.[62]

■ Head Start programs enrolled over 580,000 children in 1991[63]; however, Head Start does not reach all children who are income-eligible. Different methods of computing participation lead to different estimates of the percentage of children served.

- The Bush Administration calculated Head Start participation rates based on the number of children enrolled in the program for at least one year and on the assumption that 80 percent of the children served would receive one year of Head Start and 20 percent would receive more than one year. The administration further assumed that 5 percent of children enrolled were from families who were over the income eligibility level. Using these parameters, 53 percent of income-eligible children received at least one year of Head Start in 1990. The Bush Administration also assumed, based on program experience, that parents of 20 percent of eligible children would choose not to have their children participate in Head Start, either because they were enrolled in another early childhood program or because the parents were not interested.[64]

- When Congress reauthorized Head Start in 1990, it assumed that every income-eligible child should be able to receive at least two years of Head Start. The funds authorized to reach full participation by 1994 were based on enrollment by up to 100 percent of income-eligible 3- and 4-year-olds and up to 30 percent of income-eligible 5-year-olds. Using these parameters, only 30 percent of income-eligible children participated in Head Start in 1990.[65]

■ In general, preschool attendance varies by family income. Despite the established value of preschool programs for low-income children, only 24 percent of 3- and 4-year-olds in families with incomes below $20,000 attended preschool in 1991. In families with incomes above $35,000, 47 percent did.[66]

Preparing Schools for Students

Despite more than a decade of reform efforts, many schools and school districts fail to meet the educational needs of their students. They do not offer a challenging curriculum, have trouble recruiting or retaining skilled teachers, or are hampered by funding inequities within and across states.

■ In 1992, an estimated 47.6 million students were enrolled in elementary and secondary schools. Approximately 89 percent of those students were enrolled in public schools and the remaining 11 percent were in private schools.[67]

■ Despite a need for a more challenging curriculum, too many schools have failed to adopt courses of study that go beyond rote learning to teach higher-order thinking skills and familiarity with emerging computer technologies.

- Although math ability is increasingly important, 44 percent of high school seniors in 1990 had finished their math coursework with introductory algebra, and 43 percent had stopped with advanced algebra. Only 13 percent of high school seniors reported taking precalculus or calculus.[68]

- Although most twelfth-grade students in 1990 reported at least a year of biology, only 55 percent reported taking at least a year of chemistry and 29 percent reported studying physics for a year.[69]

- In a 1991 national survey of children age 10 to 17, half reported using computers less than once a week or never.[70]

■ Despite years of emphasis on the need for more skilled and better trained teachers, America's top graduates are still not attracted to the teaching profession in large numbers. The nation does not have enough teachers with the skills and characteristics to meet the needs of a diverse student population.

- Almost half of those enrolling in teacher education in the mid-1980s came from general and vocational high school programs rather than college-preparatory programs.[71]

- There is a shrinking supply of teachers with specialized skills in such areas as bilingual education, special education, and math and science.[72]

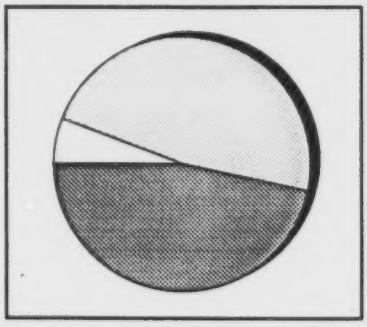
- The percentage of minority teachers — important role models for minority children — is expected to decline from about 10 percent of the overall teacher workforce to under 5 percent during the 1990s.[73]

■ Public elementary and secondary school principals are disproportionately white and male.

▪ In 1988, there were 58,585 male and 19,118 female principals in U.S. public elementary and secondary schools.[74]

▪ In 1988, fewer than 15 percent of public elementary and secondary school principals were from a racial or ethnic minority,[75] although more than 29 percent of students enrolled in public elementary and secondary schools were minorities.[76]

Sources of Revenue for Public Elementary and Secondary Schools, 1990–1991



☐ *Federal:* $12,267,000,000 5.9%

▨ *State:* $99,578,000,000 47.5%

☐ *Local:* $97,590,000,000 46.6%

Total Revenues: $209,435,000,000

SOURCE: Bureau of the Census

Figure 4

■ Spending on public education has increased over the past three decades.

▪ Adjusted for inflation, current expenditures per pupil in public elementary and secondary schools went from $1,765 in 1960 to an estimated $5,470 in 1992.[77]

▪ In real terms, state and local spending on education grew by 26 percent between 1980 and 1988.[78]

▪ In 1988, U.S. public education expenditures for prekindergarten through twelfth grade were 3.64 percent of the gross domestic product (GDP), which is comparable to spending in most other large industrial nations.[79]

▪ Large countries spending smaller percentages of their GDP on education than the United States included Japan (2.92 percent) and the former West Germany (2.5 percent).[80]

■ School systems typically depend on revenue raised through local property taxes for much of their funding; as a result, funding levels vary among districts depending on the available tax base.

▪ In 1991, federal funds made up only 6 percent of revenues for public elementary and secondary schools; 47 percent came from state sources and another 47 percent from local and other sources (see Figure 4).[81]

■ The average per pupil expenditure in large urban school systems was $5,200 in 1990-91, compared to $6,073 in suburban public school districts, $5,476 in rural schools, and $5,512 nationally.[82]

▪ In increasing numbers of states, funding inequities among school districts are the target of legal challenges.[83]

Federal Programs Related to Education

Head Start

■ *Authorization:* Economic Opportunity Act of 1964.

■ *Purpose:* Head Start is designed to help prepare economically disadvantaged children age 3 to 5 to enter and succeed in elementary school.

■ *Eligibility:* Children age 3 to 5 are eligible. Ninety percent of children in the program must be from families with an income at or below the federal poverty level, while 10 percent can be from families that are not poor. At least 10 percent of Head Start slots in each state must be reserved for handicapped children.

■ *Services:* Head Start is a comprehensive early childhood program for low-income preschool children and their families. Services include cognitive and language development; medical, dental, and mental health services (including screening and immunizations); and nutritional and social services.

■ *Funding:* In 1991, federal funding for Head Start was approximately $2.055 billion.[84]

Individuals with Disabilities Education Act

■ *Authorization:* Individuals with Disabilities Education Act (Public Law 102-119).

■ *Purpose:* The Individuals with Disabilities Education Act is intended to provide early intervention services, preschool education, and free and appropriate public education to all handicapped children in the "least restrictive environment" possible.

■ *Eligibility:* Children and young adults through age 21 with physical, mental, or emotional handicaps (such as retardation, hearing or speech impairment, visual handicaps, serious emotional disturbance, or physical crippling) are eligible.

■ *Services:* Funds are provided for identification, diagnosis, family training, and counseling for infants and toddlers with handicaps and their families; preschool education and related services for disabled children age 3 to 5; and development and execution of an individualized educational plan for disabled children age 3 to 21, based on medical and educational evaluations by specialists in the child's area of disability.

■ *Funding:* In 1991, federal funding under the Individuals with Disabilities Education Act was approximately $2.174 billion.[85]

Chapter 1

■ *Authorization:* Chapter I, Elementary and Secondary Education Act.

■ *Purpose:* Chapter I aims to assist educationally disadvantaged children with special learning needs.

■ *Eligibility:* States and localities receive federal funds based on the number of low-income prekindergarten, elementary, and secondary school students, whether in public, private, or parochial school.

■ *Services:* Funds may be used to develop different instructional approaches, supplementary and intensive instruction for children performing below grade level, and new curricula.

■ *Funding:* In 1991, federal funding for Chapter I was approximately $5.219 billion.[86]

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Adolescence marks the transition from childhood to adulthood. It is a period of significant physical, social, emotional, and intellectual growth. It is also a period of experimentation and new experiences. The choices that young people make during these years can profoundly affect their chances of becoming healthy, responsible, and productive adults.

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Adolescents are now a smaller proportion of the U.S. population than at any time since 1900. This means that over the coming generation, a shrinking labor force will be called upon to support an expanding elderly population in its retirement.

The majority of adolescents grow into competent individuals, able to successfully meet the challenges of adult life. However, a disturbingly large number do not. The failures of these young people represent a multitude of personal tragedies and a great national loss.

■ One in four 10- to 17-year-olds is estimated to be engaged in high-risk behaviors that have potentially damaging effects on their health, well-being, family, and community.[1]

■ Approximately one in eight American students experiences school failure and drops out before completing high school. Dropping out of school makes it difficult for young people to compete in the labor market.[2]

■ Teenage sexual activity and childbearing have increased in recent years, and a growing proportion of births to teenagers take place outside marriage.[3] Becoming a parent as a teenager increases the chances that a young mother will not complete high school, that she will fare poorly in the job market, and that she and her children will live in poverty.[4]

■ Despite recent reductions in adolescent alcohol and drug use, a disturbingly high proportion of teenagers use illicit substances.[5] Alcohol and drug use can have serious negative effects on the health of young people and are often associated with crime, violence, and accidents.

■ Violent crime involving teenagers has exploded in recent years. More teenage boys now die of gunshot wounds than from all natural causes combined.[6]

■ Adolescents who are engaged in one high-risk activity are frequently engaged in others as well. Teenagers typically choose lifestyles or patterns of behavior rather than isolated behaviors.[7]

To steer a steady course through adolescence, all young people need support and guidance from caring adults in their families, at school, and in their communities. They need opportunities and experiences that promote positive development. And they need a sense of hope and possibility to convince them that negative risk-taking behaviors are unnecessary and undesirable. Without these, many will lack the motivation to stay in school, resist negative peer pressure, and avoid high-risk behaviors that can endanger them and others.

Adolescents: A Smaller, Changing Population

Adolescents, who will make up the work force of tomorrow, are a shrinking portion of the U.S. population and a more racially and ethnically diverse group than in previous generations. Because the ratio of workers to retired persons is expected to continue to decline over the coming generation, today's youth are an increasingly valuable national resource.

■ The adolescent population in the United States has decreased in the last 20 years, both in absolute numbers and as a percentage of the population. The proportion of adolescents in the population is expected to continue to fall.

- In 1970, there were 36.5 million young Americans between the ages of 10 and 18, constituting 17.8 percent of the U.S. population.[8]
- In 1991, there were only 31.1 million adolescents, who comprised 12.3 percent of the population — the smallest proportion since 1900.[9]
- By 2020, projections indicate that adolescents will constitute barely 12 percent of the U.S. population.[10]

■ In 1970, there were 180 adolescents for every 100 Americans age 65 and over. By 2020, projections indicate that there will be only 75 adolescents for every 100 elderly Americans.[11]

■ The American youth population is becoming more racially and ethnically diverse.

- In 1970, less than 15 percent of adolescents were nonwhite; by 1990, 20 percent were. Projections indicate that by 2020, one in four American adolescents will be from a racial minority group.[12]
- Blacks are a growing proportion of the adolescent population but a decreasing share of the adolescent minority population.
  - In 1970, 13 percent of all adolescents were black, compared to 16 percent in 1990 and a projected 17 percent in 2020.[13]
  - Over 90 percent of adolescent minorities in 1970 were black; by 2020, it is projected that only 70 percent will be.[14]

- High rates of immigration in the last decade have helped to make Hispanics* a rapidly increasing proportion of adolescents. In 1980, only about 8 percent of American adolescents were of Hispanic origin; by 1990, almost 12 percent were. Projections indicate that by 2020, one in five adolescents will be of Hispanic origin.[15]

- Changing patterns of American family life over the past generation have significantly affected the daily experiences of many adolescents and the availability of adult support to guide them through the stressful adolescent years.

  - Approximately 71 percent of children age 12 to 17 lived in families with mothers in the paid labor force in 1991, compared to only 51 percent in 1975.[16]

    - Today's adolescents, like all children, spend less time with their parents and other caring adults in their communities than did young people in previous generations.[17]

  - Approximately 26 percent of children age 12 to 17 lived with only one parent in 1991, up from about 12 percent in 1970.[18] Most of these young people live with their mothers, and many do not receive adequate time, attention, and support from their absent fathers.[19]

  - In 1991, 16 percent of children age 12 to 17 lived in poverty. Minority youth were almost three times as likely to be poor as white youth. Those in single-parent families were over four times as likely to be poor as those living with both parents.[20]

Risk-Taking in Adolescence

Most American adolescents grow up to become responsible, productive adults. But an unacceptably large proportion — an estimated one-quarter of 10- to 17-year-olds — engage in behaviors that seriously threaten their own health and well-being, that of their families, and that of others in the communities where they live. Many of these young people will fail to make the transition to adulthood safely and with the necessary knowledge, skills, and attitudes to assume adult roles.[21]

* "Hispanic origin" is an ethnic classification rather than a racial one. In population surveys by the Census Bureau, persons of Hispanic origin may be of any race.

■ About half of America's 10- to 17-year-olds are at very low risk of experiencing problems because of the behaviors they choose. They are progressing at school; they have not become sexually active; they do not commit crimes or engage in other violent behavior; and they do not use drugs or alcohol.[22]

■ About one-fourth of 10- to 17-year-olds are at moderate risk. They may be doing poorly in school or be behind a grade. They may be sexually active, but are likely to use contraceptives. They may occasionally experiment with drugs or alcohol, but are not heavy or regular users. Some commit minor delinquent acts. Most of these children will become responsible adults and will not suffer lasting harm, despite experiencing some problems along the way.[23]

■ One-fourth of adolescents engage in high-risk behaviors that endanger their own health and well-being as well as that of others. Typically these adolescents are behind in school or have dropped out. They are sexually active and do not use contraception regularly or in some cases ever; some have already experienced a pregnancy or contracted a sexually transmitted disease. They may be frequent and heavy users of alcohol and drugs. They may have been arrested for more serious as well as minor crimes.[24]

■ Most young people involved in risk-taking behaviors engage in more than one high-risk activity. They do not choose isolated behaviors, but rather choose lifestyles that include a constellation of risk-taking behaviors and attitudes.[25]

■ Adolescent risk taking tends to follow a predictable pattern that often begins with poor school performance in the early grades.[26]

■ Substance use typically begins with cigarette smoking and progresses to include alcohol use and then the use of illicit drugs.[27]

■ Use of alcohol and drugs is frequently associated with sexual activity.[28]

■ Unprotected sexual activity often results in sexually transmitted diseases or untimely and unintended pregnancies.[29]

■ Young people who are alienated from family and school may turn to gangs in search of strong personal relationships or status among their peers, and through these associations they may become involved in alcohol and drug use, as well as criminal activity.[30]

Educational Failure

Many adolescents are behind one or more grades in school or drop out before they complete high school. Students who perform poorly and fail to graduate from high school often lack the knowledge and skills required to get good jobs and compete in the labor market. They are also more likely to become involved in other risk-taking behaviors that can negatively affect their health and development.

■ In 1991, one in eight young adults age 16 to 24 had not completed high school and was not enrolled in school.[31]

- By age 20, most students have earned their high school diplomas: 34 percent of 17- to 18-year-olds, 81 percent of 19- to 20-year-olds, and about 86 percent of 21- to 30-year-olds have completed high school.[32]

- Students who fail to earn their diplomas by age 20 are more likely to leave school and become dropouts: about 10 percent of 16- to 19-year-olds are dropouts, as are almost 15 percent of 20- to 24-year-olds.[33] Some older dropouts will eventually go on to earn diplomas or equivalency certificates, but most will not.[34]

- Minority students are at greater risk than white students of dropping out of school. Approximately 14 percent of black 16- to 24-year-olds and 35 percent of Hispanic youths this age have dropped out of school, compared to 9 percent of white youths.[35]

■ Those at greatest risk of dropping out are students who have been held back one or more grades. Nationally, 30 percent of 13-year-olds are behind at least one grade in school.* [36]

- Minority students are more likely than white students to be behind one or more grades. Among 13-year-olds, 43 percent of blacks and 37 percent of Hispanics are one or more years behind, compared to 27 percent of whites.[37]

■ The personal and social costs of academic failure and dropping out of school are enormous.

- Each year's class of dropouts costs the nation $250 billion in lost wages and foregone taxes over their lifetimes.[38]

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* The proportion of students who are enrolled behind the grade one would expect for their age is a broad indicator of the number of students at risk of later failure in school. Not all of these students have been held back; some of them are behind grade because their parents delayed their entry into school. However, many students who are behind grade have been held back or have experienced some other disruption in their progress through school.

■ Four out of five prison inmates are high school dropouts.[39]

■ In 1991, dropouts were more than twice as likely as high school graduates to be unemployed (23.1 percent versus 9.4 percent).[40]

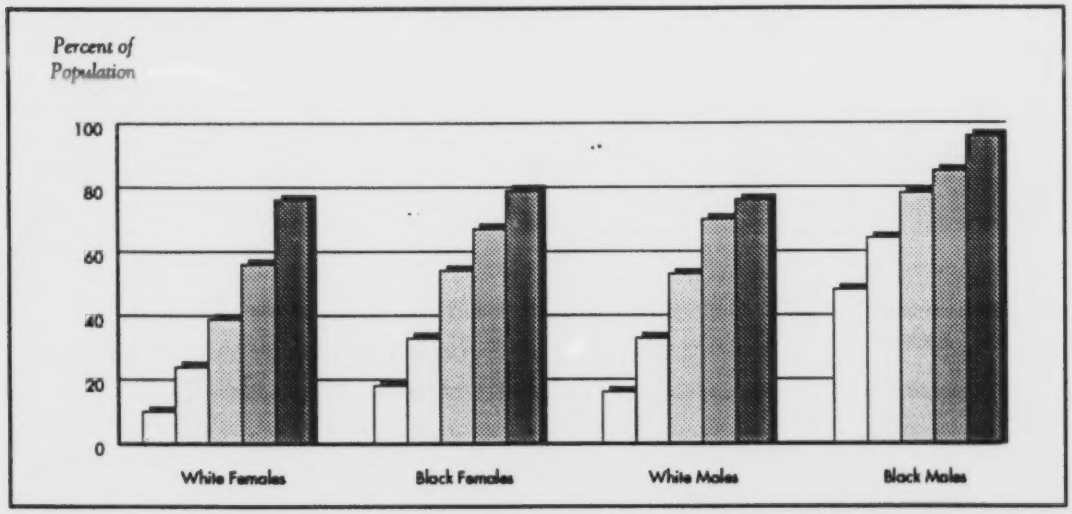
Sexual Activity and Childbearing

Adolescent sexual activity, pregnancy, and childbearing have increased since the mid-1980s. A growing proportion of births to teenagers occur outside marriage. Teenage mothers are very likely to be unmarried and poor. They and their children are likely to remain in poverty until the young mother is well into her twenties.

■ Premarital adolescent sexual activity has been increasing for at least the last two decades in America.

■ Unmarried women age 15 to 19 are the only group for which data is available across time. In 1988, 52 percent of young women that age reported having had sex at least once, up from 29 percent in 1970.[41]

Teens Having Sex, 1988



Comparable data not available for Hispanics.

SOURCE: Office of Population Research, Princeton University

■ In 1988, 42 percent of females and 58 percent of males reported having had sex by the age of 17.[42]

■ By age 19, 76 percent of unmarried young women and 79 percent of unmarried young men reported that they were sexually experienced.[43]

Figure 1

- Older teens, both boys and girls, are more likely to have had sex than younger teens.[44]

- Black teenagers and male teenagers are more likely than white teenagers and female teenagers to have had sex before any given birthday, especially during the early teen years.[45]

- In 1988 surveys, by age 18, 56 percent of white females, 67 percent of black females, 70 percent of white males, and 85 percent of black males reported that they were sexually experienced (see Figure 1).[46]

■ Many sexually active adolescents have had multiple sexual partners.

- In 1988, among 18- to 19-year-olds, about 35 percent of women and 30 percent of men reported having had two to five sexual partners.[47]

- About 10 percent of 18-to 19-year-old women and more than 25 percent of men that age reported having had six or more sexual partners.[48]

■ Use of contraceptives, particularly condoms, by sexually active teenagers increased during the 1980s.

- Between 1979 and 1988, the percentage of boys age 17 to 19 who reported using condoms during their most recent sexual intercourse rose from 21 percent to 58 percent. But in 1988, and again in 1991, one in five reported using no effective contraception during their most recent intercourse.[49]

- Between 1982 and 1988, reported contraceptive use by girls age 15 to 19 increased from 24 percent to 32 percent.[50] However, the average delay between first intercourse and first use of a prescription contraceptive method (for example, birth control pills) is approximately one year.[51]

- 33 percent of sexually active teens age 15 to 19 reported using condoms in 1988, compared to 21 percent in 1982. At the same time, use of oral contraceptives by this group dropped from 64 percent to 59 percent.[52]

■ Because many young people fail to use contraceptives consistently or at all, they increase their risks of untimely pregnancies, sexually transmitted diseases, and other health problems.

- Approximately one in four teenage girls who never uses contraception becomes pregnant within six months of beginning sexual activity. Half become pregnant within two years.[53]

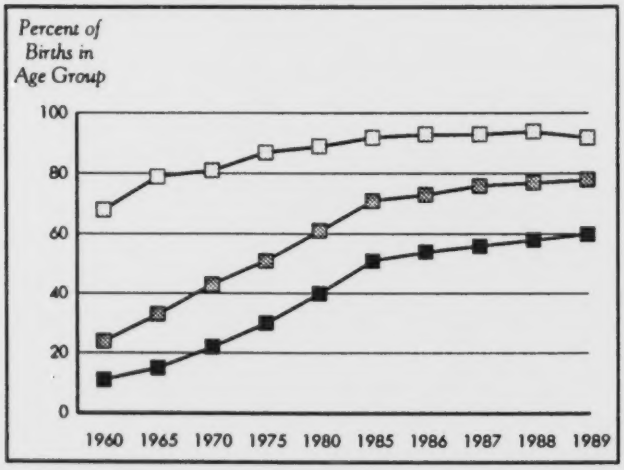
- Each year, one in ten girls under age 20 (a total of more than one million) becomes pregnant.[54]

■ Approximately 40 percent of teenage pregnancies end in abortion and another 10 percent in miscarriage.[55]

■ Approximately 50 percent of pregnant teenagers give birth.[56] The rate of births to teenagers declined through the late 1970s, then reached a plateau until the mid-1980s. After 1986, both the number and the rate of births to teens increased sharply.[57]

- In 1989, almost 518,000 babies were born to teenage girls in the United States, an increase of approximately 46,000 over 1986.[58]
- The birth rate among teenagers rose to 58.1 births per 1,000 girls age 15 to 19 in 1989, an increase of 7.5 births per 1,000 since 1986.[59]
- In the last several years, the number of births increased for both white and black youth, but at all ages the birth rate among black teens is substantially higher than that among whites.[60]

Non-Marital Births to Teens, 1960–1989



SOURCES: *Child Trends, Inc. and National Center for Health Statistics*

Figure 2

- Roughly one-fifth of teenage girls are expected to have at least one baby by age 20, and one-fifth will have at least one abortion by that age.[61]

■ Over the past several decades, the number of births to married teens has fallen dramatically, from 456,600 in 1970 to 166,500 in 1988. Between 1988 and 1989, the number of births to married teens increased for the first time in nearly two decades. However, the number of births to unmarried teens has been increasing for more than a decade in all age groups (see Figure 2).[62]

- In 1989, 67 percent of all births to teenagers were to unmarried girls, compared to 30 percent in 1970.[63]
- In 1989, 170,100 children were born to married teenage girls; 348,000 were born to unmarried teens.[64]

- Approximately 55 percent of births to white teenagers and 92 percent of births to black teenagers occurred outside marriage in 1989. About 54 percent of births to Hispanic teens were out of wedlock.[65]

■ Teenage mothers are less likely to finish high school than teenagers who do not have children and therefore tend to fare poorly in the job market. They are also less likely to marry or, if they do marry, to remain married. They also tend to have larger families than mothers who delay childbearing. For these reasons, they are more likely to embark on long-term welfare dependence than are young women who delay childbirth until their twenties.[66]

- More than half of families receiving Aid to Families with Dependent Children (AFDC) are headed by women who had their first child as a teenager.[67]

- While 20 percent of all children live in poor families, one-half of children with parents under age 25 are poor.[68]

■ Of the 12 million cases of sexually transmitted diseases estimated to occur annually, 3 million (25 percent) are among teenagers.[69]

■ Regardless of where they live or their families' incomes, adolescents are increasingly vulnerable to the threat of AIDS, which they contract primarily through sexual intercourse and drug use.[70]

- As of July 1992, 872 young people age 13 through 19 had been diagnosed with AIDS[71], but because not all states are required to report cases of HIV infection, there are no reliable national estimates of the number of adolescents who may be infected with HIV.

- By the end of 1991, AIDS cases among Americans age 13 to 24 had been reported in 49 states and the District of Columbia.[72]

- Nearly one-third of AIDS cases among teens were reported in communities with populations less than 500,000.[73]

- Of AIDS cases reported in the United States by July 1992, one in five was among people in their twenties.[74] Because the latency period between HIV infection and AIDS symptoms is typically eight to ten years, many of these young adults were probably infected as adolescents.[75]

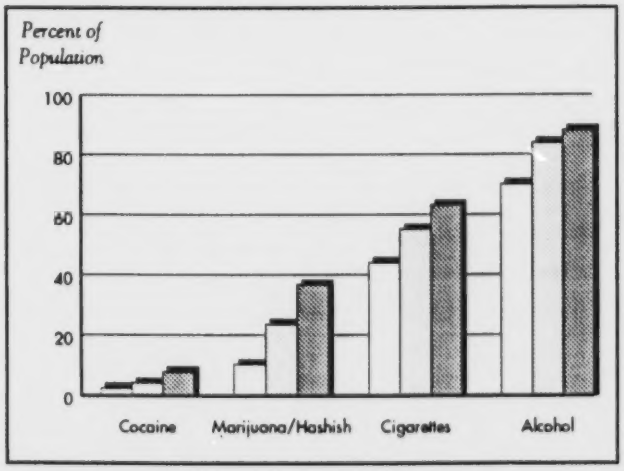
Drugs, Alcohol, and Smoking

According to surveys of high school students, teenagers are less likely to use and abuse drugs and alcohol than they were a decade ago. Still, adolescent substance abuse continues to be a serious problem that cuts across class and racial boundaries and has significant implications for personal health, accidents, and crime. Because young people who have dropped out of school are not included in these surveys, estimates of adolescent substance use and abuse may understate the problem.

■ In a 1991 survey, 44 percent of high school seniors reported using an illicit drug* at some time in their lives, down from a peak of 66 percent in 1982.[76]

■ This was the second consecutive year in which the majority of high school seniors surveyed reported never having used an illicit drug.[77]

Students Having Ever Used Drugs, 1991



SOURCE: *Institute for Social Research, University of Michigan*

Figure 3

■ In a survey of 12- to 17-year-olds, the proportion of students reporting use of illicit drugs in the month preceding the survey fell sharply between 1985 and 1991 — from 15 percent to 7 percent.[78]

■ Even so, in 1991 an estimated 1.4 million 12- to 17-year-olds used drugs monthly.[79]

■ While use of illicit drugs is a serious problem among a minority of teenagers, alcohol use is far more widespread. The proportion of high school students using alcohol, though lower than a decade ago, remains unacceptably high.

■ According to one survey, the number of high school seniors who reported using alcohol in the month preceding the survey fell from 72 percent in 1980 to 54 percent in 1991.[80]

* Although the purchase of alcohol and cigarettes by adolescents is illegal in most areas, the surveys cited here do not include them in the category of "illicit drugs."

- In another survey, the proportion of 12- to 17-year-olds reporting use of alcohol in the previous month fell from 37 percent in 1979 to 20 percent in 1991.[81]

- In a 1991 survey, 88 percent of 12th grade students reported using alcohol at some point in their lives, while 63 percent reported using cigarettes, 37 percent reported using marijuana or hashish, and 8 percent reported using cocaine (see Figure 3).[82]

- In 1989, the most recent year for which data are available, an estimated 1.6 million American teenagers needed treatment for alcohol and other drug abuse, but only 123,500 actually received it.[83]

- Progress against cigarette smoking among young people has slowed in the last decade.

  - From 1976 to 1980, the proportion of high school seniors who reported smoking cigarettes in the previous month fell from 39 percent to 30 percent. Since then, however, the percentage has fallen only slightly, to 28 percent in 1991.[84]

  - Among 12- to 17-year-olds, the proportion reporting monthly smoking actually increased from 1979 to 1985, from 12 percent to 15 percent. In 1991, 11 percent reported monthly smoking. While this represents improvement since 1985, it is unclear whether it signifies a long-term downward trend.[85]

Violence and Delinquency

Violent crime involving teenagers as victims and as perpetrators has exploded in recent years, much of it related to the illegal drug trade. The number of violent crimes involving adolescents is growing at a faster rate than the number of those involving adults.[86]

- In 1991, one of every four Americans arrested was a teenager. Approximately 2.7 million American youths age 10 to 19 were arrested, and a growing number of teens spent time in jail.[87]

- America's young people are killing and being killed in record numbers.

  - Since 1988, teenage boys in all racial and ethnic groups have been more likely to die from gunshot wounds than from all natural causes combined.[88]

    - In 1988, one out of every 1,250 black adolescent boys died from gunshot wounds, compared to one out of every 4,550 white adolescent boys.[89]

  - In 1991, 3,777 people under age 19 were murdered — more than three times the number killed in 1965, when there were substantially more teenagers in the population.[90]

■ The juvenile arrest rate for murder doubled between 1978 and 1990, from 6 arrests per 100,000 youth age 10 to 17 to over 12 per 100,000 (see Figure 4).[91]

■ That rate has quadrupled since 1965, when it was less than three per 100,000 youth age 10-17 (see Figure 4).[92]

■ During the last decade, the number of juveniles who committed murder with guns increased 79 percent. In 1990, 75 percent of juvenile murderers used guns to commit their crimes.[93]

■ Youths today are also more likely than adolescents in the past to be involved in violent crimes other than murder.

■ Between 1985 and 1990, the rate of juvenile arrests for aggravated assault increased by about two-thirds, from 150 per 100,000 to almost 250 per 100,000 youth age 10-17 (see Figure 5).[94]

■ Between 1980 and 1990, the juvenile arrest rate for weapons law violations increased over 60 percent, from 93 to over 150 per 100,000 youth age 10-17 (see Figure 5).[95]

■ Between 1980 and 1990, the juvenile arrest rate for rape increased almost 40 percent, from 16 to 22 per 100,000 youth age 10-17 (see Figure 4).[96]

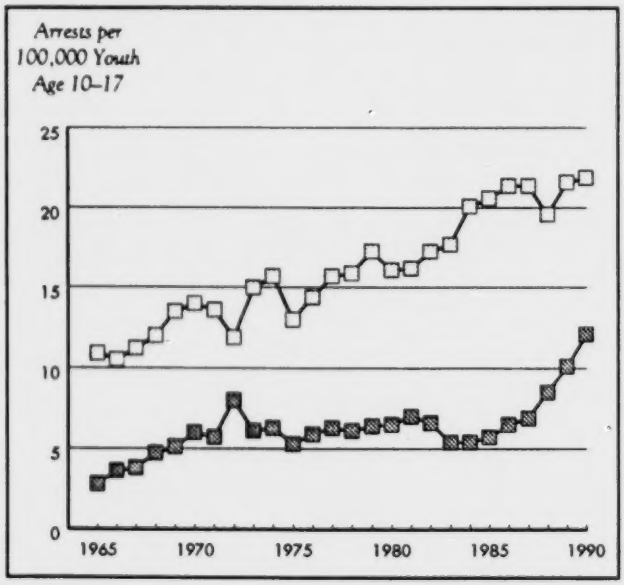
■ Between 1977 and 1989, the number of juveniles held in correctional facilities on any given day jumped 31 percent, from roughly 72,000 to 94,000.[97]

■ Youth gangs are closely linked to the rise in violent crime. A 1990 study reported 1,400 gangs with approximately 120,000 members operating in cities, suburbs, and towns throughout the United States.[98]

■ In a 1990 survey of law enforcement agencies in 45 cities, the rate of violent offenses was estimated to be three times as high for gang members as for delinquents who were not in gangs.[99]

■ The agencies surveyed estimated that more than one of every ten crimes in their jurisdictions was committed by a gang member.[100]

Juvenile Arrest Rates, Murder and Forcible Rape, 1965–1990



SOURCE: *Federal Bureau of Investigation*

Figure 4

- The agencies also reported that three-quarters of the gang members who were arrested had prior police records.[101]

■ Teenagers are affected by violence in small towns as well as in inner cities.

- A 1990 survey of inner-city teenagers in Baltimore found that one in four had witnessed a murder and that three out of four knew someone who had been shot.[102]

- Another 1990 survey of 6th to 12th grade students in Midwestern towns and small cities found that 55 percent had been involved in violence during the year.[103]

■ A 1990 survey indicated that many young people — especially poor and minority youths — worry that they may become victims of violence.

- Almost one in seven youths age 10 to 17 reported they worry "a lot" that someone on drugs will hurt them.[104]

- Approximately 40 percent of Hispanic youths and 32 percent of black youths said they worry "a lot", compared to 12 percent of white youths.[105]

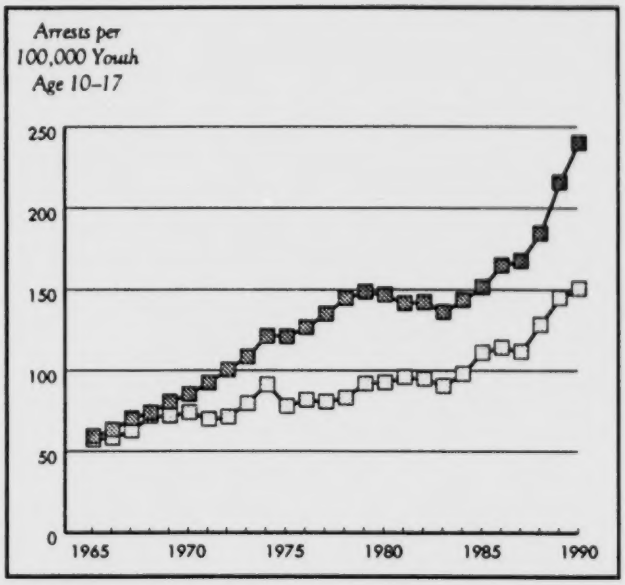
- Approximately 38 percent of low-income urban adolescents reported worrying "a lot" — more than twice the rate for all children.[106]

- Approximately 7 percent of young people reported they worry "a lot" that they will be raped or sexually abused.[107]

- Minority youths were far more likely to express this fear than white youths — 29 percent of Hispanics and 14 percent of blacks, compared to 5 percent of whites.[108]

- Regardless of race and ethnic group, low-income urban youths were nearly three times as likely to report they worry "a lot" about being raped or sexually abused — 19 percent, compared to 7 percent of all children.[109]

Juvenile Arrest Rates, Aggravated Assault and Weapons Violations, 1965–1990



SOURCE: Federal Bureau of Investigation

Figure 5

Reducing the Risks for Youth

Research has identified a number of influences that can protect young people from the harmful consequences of risk-taking behaviors and enhance the likelihood of their becoming responsible, productive adults.

■ *Strong, stable families:* Adolescents need families that provide security, structure, love, guidance, and support. They need parents who are committed to helping them steer a steady course through the often stressful adolescent years.[110] Many families, especially low-income families, are overburdened and deeply stressed by the challenges of trying to raise children in unsafe, crime-ridden neighborhoods, without adequate financial resources and social supports. Under these circumstances, parents often need support and assistance from extended family, neighbors, schools, churches, and other community organizations to provide their youngsters with the guidance and growth-promoting experiences critical to healthy adolescent development.[111]

■ *Other caring adults:* Adults who foster trust and act as gatekeepers for the future can make a critical difference between whether young people thrive and succeed or falter and fail. When parents are absent or when families are troubled, spending time with caring adults outside the family circle can help buffer adolescents from problems in their homes. Grandparents, older mentors, youth leaders, teachers, or religious leaders who accept children unconditionally and provide sustained guidance, encouragement, and support can help them avoid many of the pitfalls of the adolescent years.[112]

■ *Skills and values:* Young people with a strong sense of self-esteem and confidence that they can set goals and achieve them are able to make the most of their talents.[113]

- When children do well in school, they usually feel more confident about their abilities than when they experience academic problems and failure at an early stage. Adolescents who are successful in school are less vulnerable to negative peer pressure, and they are less likely to become involved in harmful behaviors.[114]

- Self-esteem and self-efficacy flourish when young people have opportunities to excel in sports, art, or other activities that interest them and when they are encouraged to invest their energies in these endeavors.[115]

- It is as important to foster positive social behavior as it is to prevent antisocial or high-risk behaviors. Therefore, young people are more likely to make the transition to productive adult roles when they are encouraged to take on responsibility commensurate with their ability — perhaps in the form of community service, part-time

work, helping to manage the household when a parent is absent or incapacitated, or caring for younger brothers and sisters. Experiences that require young people to assist others in their family, neighborhood, or community are important in helping adolescents develop empathy and a sense of their own ability to improve the lives of those around them.[116]

■ *Opportunities and hope:* Throughout childhood and adolescence, young people need opportunities that provide pathways to responsible and productive adult roles. For many young people, especially those who have experienced adversity in their early lives, this means having a "second chance." Education, work exposure and experience, and involvement in a religious community can offer these pathways. Research suggests that young people who successfully avoid the pitfalls of adolescence have a strong sense of hopefulness that they can surmount the odds stacked against them and believe that they have real avenues for acquiring the attitudes, knowledge, and skills essential for becoming successful adults.[117]

Federal Programs for Adolescents

Adolescent Family Life Program

■ *Authorization:* Title XX of the Public Health Service Act.

■ *Purpose:* This program is designed to encourage adolescents to delay sexual activity and to provide services to alleviate problems surrounding adolescent parenthood.

■ *Eligibility:* Public agencies and nonprofit organizations may apply for federal grants to establish and operate family life programs. No funding may go to agencies or organizations that provide counseling or referrals for abortion or that advocate abortion.

■ *Services:* The range of services offered at any given site vary and often include pregnancy testing and maternity counseling; adoption counseling; primary and preventive health care; nutritional information; screening for sexually transmitted diseases; educational and vocational services; mental health services; and family planning services when unavailable elsewhere in the community.

■ *Funding:* Federal expenditures on the Adolescent Family Life Program in 1991 were approximately $7.8 million.[118]

Title X (Family Planning)

■ *Authorization:* Title X of the Public Health Service Act.

■ *Purpose:* This program seeks to reduce maternal and infant mortality and to promote maternal and child health by preventing unintended pregnancies.

■ *Eligibility:* All individuals seeking services at 4,000 family planning clinics receiving grants from the federal Office of Family Planning are eligible, with priority given to persons from low-income families. Approximately one-third of those served are teenagers.[119]

■ *Services:* The clinics offer contraceptive information, counseling, and supplies; pregnancy information and counseling services; physical exams; referral to and from other social and medical service agencies; periodic follow-up examinations; and ancillary services.

■ *Funding:* In 1991, family planning services under Title X cost the federal government an estimated $141 million.[120] Based on adolescent participation rates, approximately $47 million was spent on services for adolescents.

Job Training Partnership Act

■ *Authorization:* Job Training Partnership Act (JTPA).

■ *Purpose:* Although primarily a program to help adults, a portion of funds are earmarked to help poor youths and young adults get jobs through job training, summer jobs for youths programs, and the federal Job Corps.

■ *Eligibility:* Economically disadvantaged youths, usually age 14 to 21, are targeted for most programs under this Act.

■ *Services:* The JTPA authorizes several programs that provide services such as remedial education, job training and placement, and supportive services including transportation and group residential housing.

■ *Funding:* In 1991, the federal government spent approximately $1.5 billion on youth training and employment: $800 million through the Job Corps program and $700 million through summer employment and training for youth.[121]

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Building strong, stable families with the means and ability to raise healthy, competent children is an intensely personal undertaking. Yet how families fare depends on more than just the choices and actions of individual parents. Family well-being also depends on the value society places on families and children, the practices of private institutions (such as employers), the availability of formal and informal community support systems, and the policies pursued by government at all levels.

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When families are strong, stable, and loving, children have a sound basis for becoming caring, competent adults. However, when families are damaged and parents are unable to give children the affection and attention they require or to provide for their material needs, children are far less likely to achieve their full potential. In recent years, several social forces have contributed to the destabilization of families.

■ The divorce rate in the United States has more than doubled in the last three decades and is now the highest in the world. Approximately half of all U.S. marriages end in divorce.[1]

■ Approximately one in four births in the United States today is to an unwed woman; in 1960, only 1 in 20 births was out of wedlock.[2]

■ In 1991, one American child in four lived with just one parent, usually his or her mother.[3]

■ In 1991, 68 percent of mothers with children under age 18 were in the paid labor force; in 1970, 42 percent were.[4]

■ In constant 1990 dollars, the incomes of families with children have fallen almost 7 percent since 1973, while the incomes of families without children have risen more than 11 percent.[5]

■ In 1991, one in five American children was living in poverty — a rate almost 50 percent higher than two decades ago.[6]

■ Increased geographic mobility and time spent in work have eroded the social network of friends, neighbors, and extended family members that parents have traditionally turned to for support in raising children.

Because strong, stable families are largely the product of social forces, they are amenable to social action.[7] If a society values children and the quality of family life, it reflects this value in private efforts to create supportive environments at home, at school, in the workplace, and in communities, as well as in government policies to support and strengthen families.

■ Many employers are beginning to address the need for family-oriented policies and practices that enable employed parents to meet both their work and family responsibilities.

■ Employers, community groups, and governments at all levels are beginning to recognize that the availability of affordable, high-quality child care is essential to support the educational and developmental needs of children whose parents are employed.

■ In many communities, parents, state and local governments, and private institutions such as churches and community centers have established family support or family resource programs to reduce isolation, enhance parenting skills, and help families meet a variety of health, educational, and social needs.

Building Strong Families

Families formed by marriage — where two caring adults are committed to one another and to their children — provide the best environment for bringing children into the world and supporting their growth and development.

■ Despite high rates of divorce and out-of-wedlock childbearing, Americans seem to agree on "the ideal of a strong family" and the importance of marriage.

- The vast majority of American men and women express a personal desire to marry, and 85 percent to 90 percent actually do marry.[8]
- More than 70 percent of adults believe marriage is a lifelong commitment that should be ended only under the most extreme circumstances.[9]

■ Many of the nation's gravest social problems are rooted in damaged families, and children are often the victims when parents divorce or do not marry.

- Although experts generally agree that divorce is less harmful to children than living with parents who physically or psychologically abuse each other or their children, many analysts believe that conflict this extreme occurs in only 10 percent to 15 percent of marriages.[10]
- Children in single-parent families are six times more likely to be poor than children who live with both parents.[11]
- Most children in single-parent families are in good health and have loving parents who meet their physical, intellectual, and emotional needs. However, children in single-parent families are more likely to suffer emotional, behavioral, and intellectual problems than children who live with both of their parents, and they are at

greater risk of problem behaviors like dropping out of school, using alcohol and other drugs, and becoming pregnant as adolescents.[12]

- A 1985 survey found that adults who had grown up in a single-parent household were more likely than those who had grown up with both parents to have dropped out of high school, had children before marriage, and experienced the disruption of their own marriages.[13]

- In a 1981 survey of parents and children, 34 percent of parents who had divorced or separated reported that their children had experienced behavior or discipline problems at school, compared to 20 percent of parents whose marriages were intact.[14]

■ Society has a strong interest in encouraging and enabling parents to plan and prepare for the births of their children.

- Research shows that children born wanted, to parents with the emotional and financial resources to care for them, are more likely to be healthy and to be born into a loving and nurturing home environment that encourages their growth.[15]

- The risks of prematurity, low birthweight, and congenital defects are higher when pregnancies are unplanned and unwanted. Research shows that children born under these circumstances are more vulnerable to a number of health and developmental problems throughout childhood, including acute illness, aggressive behavior, poor performance in school, early and unprotected sexual activity, delinquency, and welfare dependency.[16]

- Over the past 35 years, the availability of family planning, including contraception, has significantly reduced the number of unwanted pregnancies, improved the health of mothers and children, and contributed to reductions in infant mortality.[17]

■ Although much research has focused on the factors contributing to family dysfunction, a new and growing body of research is examining factors that contribute to strong families.[18] Early findings point to the following conditions and patterns of behavior in strong, stable families:

- Clear, open, and frequent communication among family members;

- A strong feeling of belonging to a social unit that is warm and cohesive while enabling individuals to develop their own strengths and interests;

- Mutual support, recognition, and respect among family members and a willingness to make sacrifices to preserve the family's well-being;

- A religious or spiritual orientation;

- An ability to adapt to and cope with stressful and potentially damaging events as well as with predictable life cycle changes;
- Strong ties to extended family, friends, and neighbors, and involvement in community activities and organizations;
- Clear, well-defined responsibilities and roles within the family;
- Spending time together during meals, reading to children, helping with homework, or through volunteer and recreational activities;
- A secure economic base, involving steady income and a strong work orientation.

Supporting Families

Balancing Work and Family Responsibilities

As more women have entered the paid work force, the ability of parents to balance work and family responsibilities has become an issue of widespread public concern and private stress. Workplace practices that require parents to work long hours or to travel frequently or that deny them the flexibility to attend to family needs place strains on even the strongest families. These strains are compounded when both parents are employed or there is only one parent in the household.

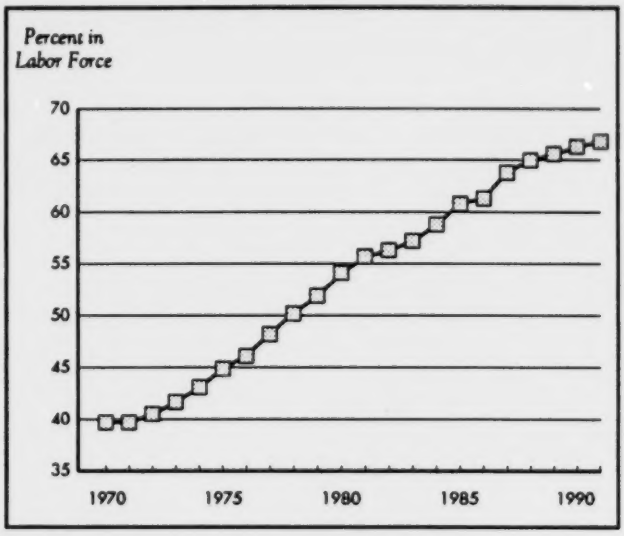
- The proportion of mothers in the labor force, particularly married mothers and those with young children, has increased rapidly during the past 20 years.[19]
  - In 1991, about 68 percent of mothers with children under 18 years old were in the labor force; in 1970 about 42 percent were.[20]
  - In 1991, 58 percent of mothers with children under age 6 were in the labor force; in 1970, only 32 percent were.[21]
  - In 1991, 67 percent of married mothers were in the labor force, up from less than 40 percent in 1970 (see Figure 1). Married mothers are now about as likely as unmarried mothers to be employed.[22]
- As mothers with young children and husbands with working wives account for an increasing proportion of the work force, employers are recognizing a critical need for policies that accommodate employees' family responsibilities.

- Roughly 36 percent of persons in the labor force are working parents, and about 17 percent of the labor force are parents with preschoolers needing child care.[23]

- In needs assessments conducted in major corporations over the past five years, about half of the women and more than a third of the men contend that child care responsibilities affect their work to some degree.[24]

- Eighty-eight percent of employers with more than 100 employees offer part-time work; 77 percent offer flextime; 55 percent provide child care resource and referral; and 50 percent provide programs to reimburse dependent care expenses with pretax dollars.[25]

Labor Force Participation of Married Women with Children Under Age 18, Spouse Present, 1970–1991



Employed full-time or part-time or looking for work.

SOURCE: *Bureau of Labor Statistics*

Figure 1

- Since the number of working women who will become pregnant during their careers is increasing, employers' leave policies and the impact these policies may have on decisions to continue working are receiving increased attention.

  - Approximately three-fourths of working women are in their childbearing years, and most of these women will become pregnant during their working years.[26]

    - Experts agree that the first few months of a baby's life are a critical time of bonding with his or her parents.[27]

    - After the birth or adoption of a child, parents need time to adjust their routines and relationship to accommodate the new family member and to learn how to meet their baby's fundamental physical and emotional needs.[28]

  - A 1987 study of 2,600 working women by the National Council of Jewish Women found that women in companies that accommodated pregnancy — through policies such as job-protected leave, wage replacement, and continued health insurance coverage during leave — were less likely to quit than women in less accommodating companies.[29]

■ Many companies have found family-friendly policies to have a direct and positive effect on corporate profits.

- In six experimental studies conducted between 1972 and 1988, the two top-ranked benefits of an employer-sponsored child care center were reduced turnover and improved recruitment potential.[30]

- A 1991 study based on human resource cost-accounting procedures found that the cost of temporarily replacing an employee on leave was far less than the cost of recruiting and training a permanent replacement.[31]

- In a 1992 General Accounting Office study, employers credited family-friendly programs and policies with cost savings, improved productivity, and greater success in recruiting and retaining employees.[32]

■ Although many employers have begun to recognize the advantages of family-friendly policies, a significant number of workers in the United States, especially those employed by small businesses, still do not benefit from such policies.

- The United States is the only one of 75 industrialized nations to lack a national policy encouraging or mandating that parents receive time off to give birth and care for an infant.[33]

- Only eighteen states have laws requiring employers to grant job-protected parental leave.[34]

- In a 1987 survey of working women, fewer than 40 percent were able to take a six-week leave with some income protection following childbirth.[35]

- A 1990 survey by the U.S. Small Business Administration found that only 5 percent to 19 percent of small businesses offer separate leave specifically for pregnancy and childbirth, and only half of those guarantee seniority, continuation of health insurance during leave, and a comparable position upon return to work.[36]

- Only 2 percent to 7 percent of the small businesses surveyed offered job-guaranteed leave specifically for infant care (after either birth or adoption).[37]

Child Care

Child care is an everyday experience for children in all socioeconomic classes.[38] *When parents go to work, children need to be cared for in settings that protect their physical health and safety, provide plenty of individual attention, and support their social and intellectual development. From this perspective, child care in the United States is largely inadequate.*

■ In 1990, 55 percent of children under age 13 — over 26 million children in all — received care on a regular basis from adults other than their parents. This included almost 10 million children under age 5.[39]

■ Child care arrangements differ according to whether or not the mother is employed and whether or not the child is in school.

- In a 1990 study, 65 percent of children of employed mothers regularly received care from adults other than their parents, compared to 39 percent of children whose mothers did not work.[40]

- In the same study, children under age 5 averaged 30 hours per week in nonparental care, while school-age children averaged 11 hours per week.[41]

■ Child care is provided in many settings, including the child's home, by relatives, nannies, or baby-sitters; family day care arrangements; day care centers; nursery, prekindergarten, and kindergarten programs; and Head Start programs.

- Parents' selection of child care arrangements has changed significantly in the last three decades.[42]

  - In studies of the primary care arrangements of children under age 5 with employed mothers from 1965 to 1990, the proportion cared for by a relative other than a parent fell from 33 percent to 19 percent, while the proportion cared for in institutional settings (such as child care centers or preschool programs) increased from 6 percent to 28 percent (see Figure 2).[43]

  - Consistently from 1965 to 1990, about 25 percent of children under age 5 with employed mothers were cared for by parents and about 20 percent were cared for in family day care settings (see Figure 2).[44]

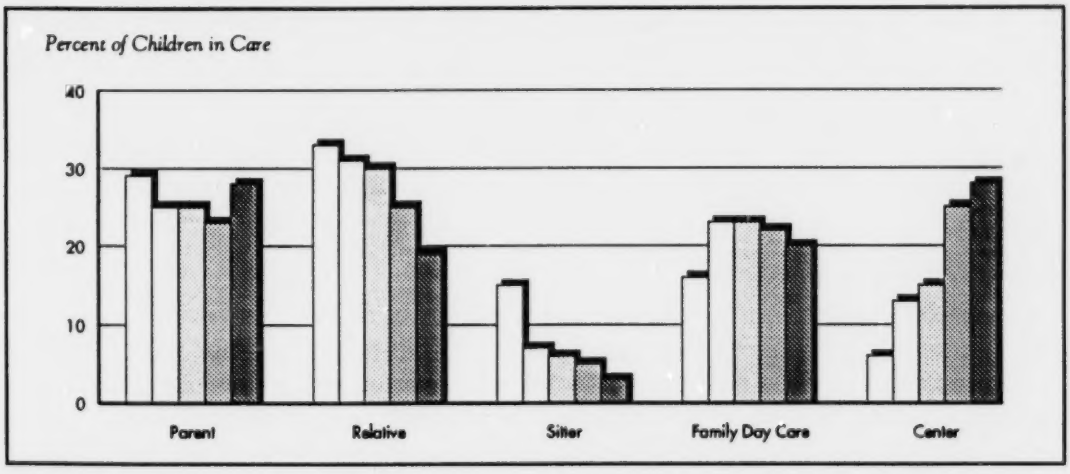
■ Because the United States does not have a comprehensive child care system to support the educational and developmental needs of young children,[45] the cost, quality, and availability of child care vary widely.

- While there does not appear to be a general shortage of child care services nationwide,[46] not all available care meets basic standards of quality.

- Poor-quality care can threaten a child's development. In contrast, high-quality programs can effectively support the social and intellectual development of all children, especially those from low-income families who are at risk of failure in school; such benefits last well into elementary school.[47]

- Several specialized types of child care are in short supply in some communities, including:[48]
  - care for infants and toddlers;
  - before- and after-school care;
  - programs for children with disabilities;
  - comprehensive care programs for economically disadvantaged children;
  - services for children whose parents have nontraditional work schedules.

Primary Care, Youngest Preschool Child, Employed Mothers, 1965–1990



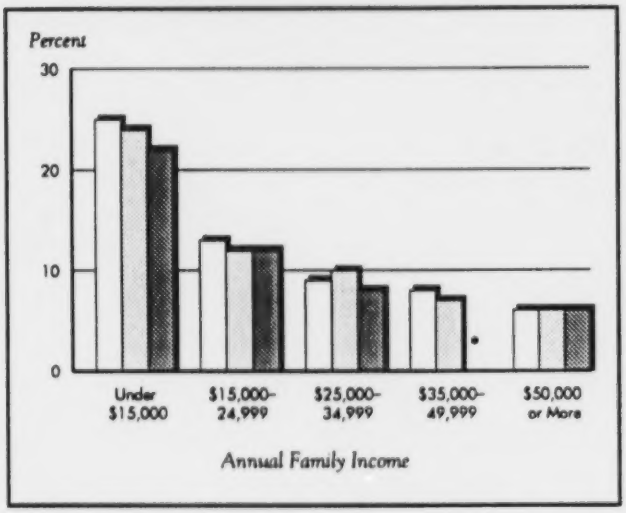
SOURCE: *The Urban Institute*

- Research has identified characteristics of high-quality child care. Some, such as child-staff ratio, group size, facility features, and training of child care workers, can be regulated, but others, such as the nature of interactions between the child care worker and the child, caregiver stability, and teaching and learning styles, cannot.[49]

Figure 2

- Regulations cannot ensure high-quality child care, but they are important in establishing minimum standards.
  - State child care regulations vary widely; many states do not regulate some of the largest child care programs, including those operated by churches and schools, those in private homes, and part-time center programs.[50]
  - Even where state standards are high, state enforcement systems are largely inadequate to monitor child care providers effectively.[51]
- Trained child care workers are more likely to provide care that fosters trusting relationships and to structure activities that support social and intellectual development.[52]
  - Fifty-three percent of teachers in child care centers and more than 85 percent of those in family day care settings do not have a college degree. Almost one-third of teachers and over half of assistant teachers have three years or less of child care experience.[53]
  - Low wages and poor benefits contribute to high rates of staff turnover.[54] Frequent staff turnover jeopardizes a child's sense of security and can negatively affect learning and later school adjustment — yet high rates of staff turnover (estimated at 25 percent to 40 percent annually) are common.[55] The average salary of teachers in child care centers (adjusted for inflation) declined by almost one-fourth between the mid-1970s and 1990. During the same time period, the average revenue of family day care providers has remained virtually unchanged at $11,000 per year.[56]
- Family day care providers often have the least pre-service training and the least access to in-service training, information, and support.[57]
  - Family day care networks are one important means of distributing information about the best child care practices and training opportunities for family day care providers. They also provide administrative support and resource and referral services.
- Many parents do not know how to locate high-quality day care.[58]
  - Resource and referral systems for matching child care providers and parents are especially helpful to parents of children who may be difficult to place because of age or physical limitations.[59]
  - Recognizing the need for planning and coordination of child care services, several states and communities are developing long-range plans for meeting child care needs through coordination of public and private resources.[60]

Mean Percentage of Family Income Spent on Child Care, Employed Mothers with Youngest Child Under Age 5, 1990



☐ White
☐ Black
■ Hispanic

*Fewer than ten cases.

SOURCE: *The Urban Institute*

Figure 3

■ The affordability of child care is a significant issue for many families.

- The average weekly expenditure on child care for a family in which the mother is employed full-time and the youngest child is under 5 was $68 in 1990.[61]
- The amount families pay for child care varies dramatically by the type of care they choose and the geographic area in which they live.[62]
- Child care for infants and toddlers and for children with special needs is generally more expensive than care for older children.

■ Poor families spend a substantially greater proportion of their income on child care than do nonpoor families.[63]

- In 1990, families with annual incomes of $50,000 or more spent about 6 percent of their income on child care, while families with annual incomes under $15,000 spent 22 percent to 25 percent of their income on child care (see Figure 3).[64]

Community-Based Family Support

All families raising children need outside support from time to time, whether it comes from relatives, friends, neighbors, or more organized sources. Yet many of the social and demographic changes of recent decades have isolated families from traditional forms of support and presented them with greater stress and time pressures than previous generations faced.

■ Many parents still call on informal networks of support (family, neighbors, and friends) to provide the information, advice, help, and consolation every parent needs from time to time.

- Parents who do not have access to traditional kinds of support are forming new networks and programs.[65] Known as family support or family resource programs, they differ widely in their objectives but share a common goal and orientation.[66]
  - Family support programs attempt to give families the skills and knowledge they need to deal with the stresses of daily life and to care for and nurture their children.
  - Family support programs are prevention-oriented; they attempt to strengthen families before a crisis occurs.
  - Many family support programs offer a range of services to address the diverse and interrelated needs of families. These services often include one or more of the following:[67]
    - parent education and support groups;
    - family activities that strengthen parent-child relationships and teach parents about child development;
    - classes and discussions on issues of parental concern, such as budgeting, nutrition, and children's health;
    - drop-in centers where parents can meet informally with other families and program staff;
    - child care while parents are participating in support center activities;
    - information and referral to other services such as child care, health care, and counseling;
    - home visits to introduce isolated parents to the program;
    - developmental examinations and screening of infants and young children.
  - Family support programs are community-based and emphasize accessibility and responsiveness to parents.[68]
    - Some family support programs are independent, whereas others are associated with schools, community centers, health centers, churches, or synagogues. Some are based at workplaces or child care centers.[69]

■ In recent years, many states have begun to develop family support programs as a way to strengthen families and reduce school dropout, child abuse and neglect, and other costly social problems.

- Connecticut sponsors family resource programs at a variety of sites around the state, including elementary schools. The programs offer child care, literacy education, and referrals to health and social service agencies.[70]

- In New Jersey, family resource programs are combined with youth service centers and offered at high schools. Every program provides mental health services, family counseling, and health and employment services. In addition, each offers a range of other services, such as crisis intervention, drug and alcohol counseling and treatment referral, and recreational activities, that respond to community needs.[71]

- Minnesota has the oldest statewide family resource program, which began in 1974. Today, every school district in the state has an early childhood and family education program aimed at getting children ready to start school.[72]

- Missouri's "Parents as Teachers" program is intended to help all parents be their child's first teacher. For high-risk families, the program also provides services such as referrals to health and social services agencies.[73]

Federal Programs to Support Families

Title X (Family Planning)

■ *Authorization:* Title X of the Public Health Service Act.

■ *Purpose:* This program seeks to reduce maternal and infant mortality and to promote maternal and child health by preventing unintended pregnancies.

■ *Eligibility:* All individuals seeking services at 4,000 family planning clinics receiving grants from the federal Office of Family Planning are eligible, with priority given to persons from low-income families. Approximately one-third of those served are teenagers.[74]

■ *Services:* Contraceptive information, counseling, and supplies; pregnancy information and counseling services; physical exams; referral to and from other social and medical service agencies; periodic follow-up examinations; and ancillary services are provided.

■ *Funding:* In 1991, family planning services under Title X cost the federal government an estimated $141 million.[75] Based on adolescent participation rates, approximately $47 million was spent on services for adolescents.

Child Care and Development Block Grant

■ *Authorization:* Omnibus Budget Reconciliation Act of 1990, as amended.

■ *Purpose:* This program is intended to expand the availability and improve the quality of child care programs for low-income families and to improve the quality and supply of child care in general. States are required to use 25 percent of funds to improve the quality and availability of care; the remaining 75 percent goes primarily to providing child care services to poor families.

■ *Eligibility:* Children under 13 years of age whose family incomes are at or below 75 percent of their state's median income and whose custodial parent is employed or participating in a job training program and children receiving or in need of protective services are eligible. Priority is given to families with very low incomes.

■ *Benefits:* Parents have the choice of using a child care provider who receives a program grant and provides care at low cost to eligible families or of receiving child care certificates to independently purchase care that meets program standards.

■ *Funding:* In 1991, Child Care and Development Block Grants totalled $732 million.[76]

Dependent Care Tax Credit

■ *Authorization:* Section 21 of the Internal Revenue Code.

■ *Purpose:* This tax credit is intended to offset expenses for child care or the care of other dependent family members.

■ *Eligibility:* All taxpayers who have dependent care expenses are eligible.

■ *Benefits:* The program allows a credit against taxes for a portion of permitted expenses up to $2,400 for one dependent and $4,800 for two or more dependents. Taxpayers with taxable incomes of $10,000 or less are allowed a credit equal to 30 percent of expenses. For those with taxable incomes from $10,000 to $28,000, the credit steps down gradually; over $28,000, it is limited to 20 percent of expenses, up to a maximum of $960. The credit does not benefit persons who do not owe taxes. To a family with two or more children making $20,000, the credit is worth up to $1,200. To a similar family making $28,000 or more, it is worth a maximum of $960.

■ *Funding:* In 1991, the Dependent Care Tax Credit resulted in a revenue loss to the federal government of an estimated $2.6 billion.[77]

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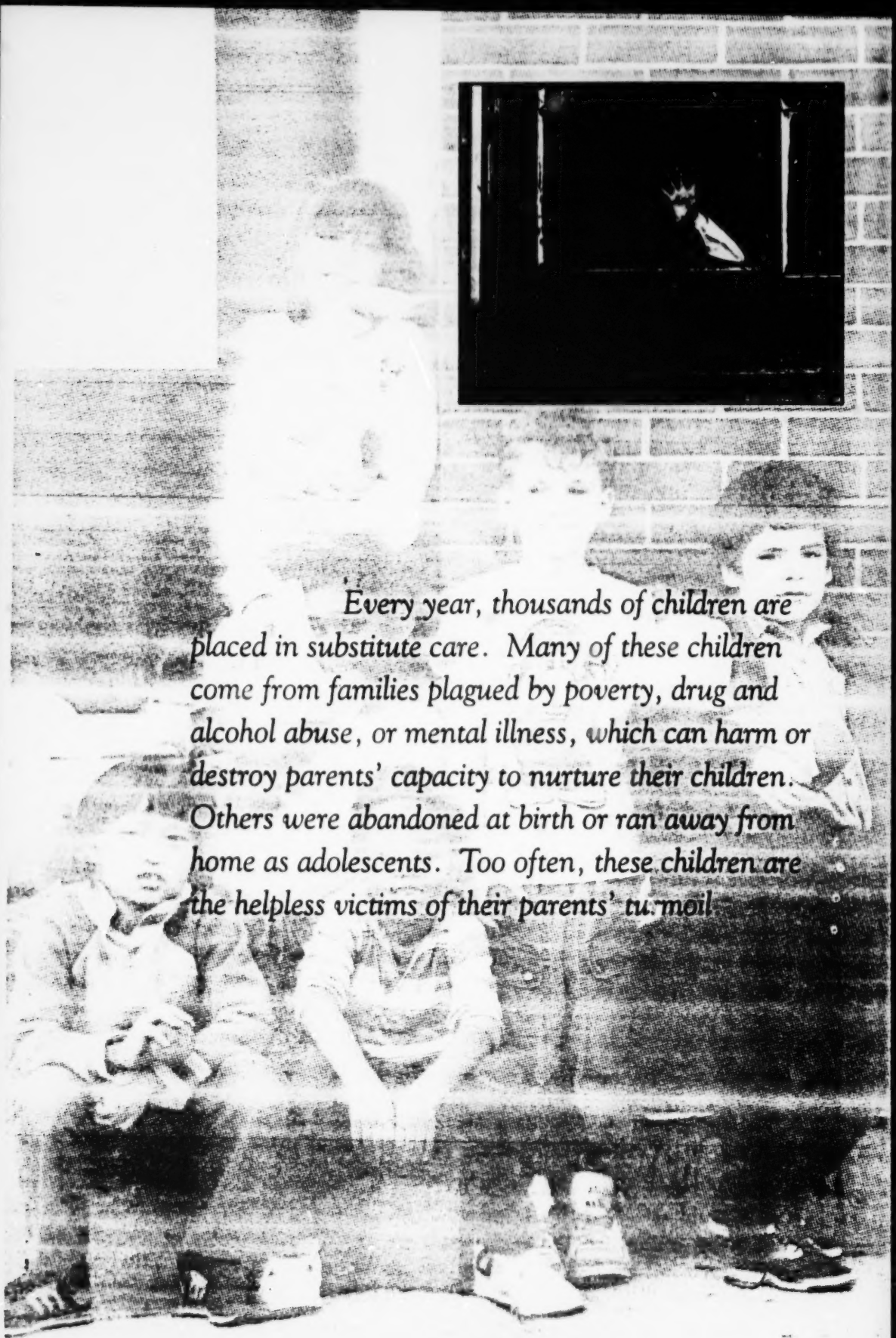


Every year, thousands of children are placed in substitute care. Many of these children come from families plagued by poverty, drug and alcohol abuse, or mental illness, which can harm or destroy parents' capacity to nurture their children. Others were abandoned at birth or ran away from home as adolescents. Too often, these children are the helpless victims of their parents' turmoil.

Vulnerable Children and Families

Although raising children is a private family matter, when parents are unable or unwilling to care for their children properly, the government steps in. Children are removed from their families and placed in state custody. The majority of youngsters are placed in foster care — foster family homes, group homes, or emergency shelters. Some live in juvenile justice or mental health facilities. Most of these young people come to the attention of child welfare authorities because of signs of abuse or neglect, others have run away from home or gotten into trouble with the law.

Troubled families often struggle with a number of interrelated problems: poverty, unemployment, single parenthood, drug and alcohol abuse, and homelessness. Many live in dangerous and hostile urban neighborhoods, where crime and violence are commonplace. Often, these families and their children have had some contact with human service agencies without much positive effect, and they feel cut off from traditional support systems, including extended family, friends, and neighbors.

- When families experience severe stress, children are often the victims.
  - In 1991, about 1 million reports of abuse and neglect of children were substantiated.[1]
    - Almost 15 percent of all reports of child maltreatment in 1990 involved sexual abuse.[2]
  - In 1988, an estimated 577,800 children were runaways, had been told to leave their homes, or had been deserted.
  - An increasing number of children whose parents have problems related to alcohol and other drugs are entering foster care, including a large number of children who were prenatally exposed to alcohol or other drugs.[3]

Regardless of how difficult their family life has been, separation from parents, siblings, friends, and community is traumatic for most children. Yet as the number of children in foster care has skyrocketed in recent years, child welfare agencies in most states have become severely overburdened and ill-equipped to meet the needs of these vulnerable children and their troubled families. Most states lack the range of out-of-home care services and well-trained staff to meet children's special needs adequately and to help families cope with the stresses that push them to the breaking point.

As a consequence, foster care, which is intended to protect children who are abused and neglected by their families, often becomes an equally cruel form of abuse and neglect by the state. Too many children in foster care are shunted from one foster home or institution to another for years on end, without ever receiving the treatment and special attention they need.

■ The failure of the child welfare system is traceable to several basic problems.

- The dramatic rise of poverty and substance abuse has substantially increased the number of troubled families and vulnerable children.[4]
- The federal financing structure for child welfare services provides few resources for services that can keep many families safely together.[5]
- Most state human service systems lack the capacity to prevent crises before they occur or to provide specialized treatment when problems arise.[6]

While some children need protection from adults in their homes, in most cases children's own families remain the single most powerful agent for ensuring their healthy development.[7]

Vulnerable Children

Abused and Neglected Children

Reports of child abuse and neglect have increased steadily in the last several years, and a significant percentage of these reports are substantiated upon investigation. Among the major reasons offered by child welfare officials for these increases are greater substance abuse by parents, mounting poverty and economic stress, and some parents' failure to fulfill their parental responsibilities.

■ About 2.7 million children were reported to state authorities as abused or neglected in 1991 — an increase of 6 percent since 1990 and 40 percent since 1985 (see Figure 1).[8] Approximately 39 percent of these reports (or just over 1 million) were classified as substantiated.[9]

- Research indicates that some proportion of unsubstantiated cases nevertheless involve maltreatment or potential maltreatment.[10]

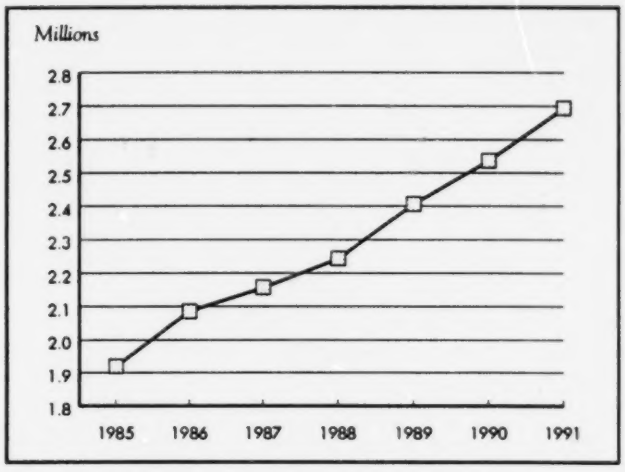
■ Estimates of the number of sexually abused children are rough at best. Currently there are no national standards or federal requirements for cases to be reported to a national database. It is likely that the actual incidence of child sexual victimization is significantly higher than most studies show. However, there is no accurate measure of the ratio of reports of child sexual victimization to the actual incidence. Furthermore, there is no way to know how many children do not disclose their victimization due to fear, shame, lack of understanding, or other factors.[11]

- Based on 1986 data, between 132,000 and 134,000 children are sexually abused annually.[12] These estimates are based primarily on validated reports of child sexual abuse, which in turn depend on the skill of the case workers investigating the reports.[13]

■ A 1991 analysis of a national survey of child protective service agencies and child welfare agencies found the following salient factors in cases of child abuse or neglect:[14]

- maltreatment is more likely in low-income families;
- older children are more likely to be maltreated than younger children;
- girls are more likely to be maltreated than boys;
- children in mother-only households are less likely to be maltreated than those in two-parent families, controlling for income.

Reported Victims of Child Abuse and Neglect, National Estimates, 1985–1991



SOURCE: National Committee for Prevention of Child Abuse

Figure 1

■ Child welfare officials note a number of problems in the families they deal with that can contribute to maltreatment. In a 1991 survey, federal liaisons for child abuse and neglect in 46 states offered the following descriptions of the major problems facing families with substantiated cases of maltreatment:[15]

- Sixty-one percent named substance abuse as one of the top two problems; many respondents emphasized that alcohol abuse was a greater problem than drug abuse.[16]
- Forty-three percent cited poverty or stress due to unemployment and the recession.[17]

- Thirty-five percent of respondents cited difficulty handling parental responsibilities, stemming from lack of knowledge of child development, mental health problems, and limited parenting skills.[18]

- Other factors cited include family breakdown, divorce, domestic violence, juvenile delinquency, and family dysfunction.[19]

Runaway and Throwaway Children

Each year, thousands of children are endangered because they have left or been abandoned by their families or other caregivers.

■ In 1988 there were an estimated 450,700 runaway children — those who left or stayed away from home at least overnight or ran away from juvenile facilities such as group foster homes, residential treatment centers, mental health facilities, boarding schools, and juvenile detention centers.[20]

- This estimate included 133,500 children who lacked any secure and familiar place to stay.[21]

- Fifty-eight percent of the runaways were girls, and over a third of the children who ran away from home in 1988 had run away on previous occasions during the year.[22]

■ The 1988 estimate of "throwaway" children was 127,100. These are children who were away from home at least overnight, and who: were directly told to leave the household, were abandoned or deserted, wanted to come home but were denied permission, or ran away with no effort made to recover them.[23]

- This estimate included 59,200 children lacking a familiar and secure place to stay and all children who were abandoned.[24]

- Family division is a significant factor in the plight of throwaways. Only 19 percent of throwaways were driven from two-parent homes, while 44 percent lived in one-parent homes before they were forced out.[25]

- Children who were "thrown away" were more than twice as likely to have suffered domestic violence prior to their departure than those who ran away (27 percent versus 11 percent, respectively).[26]

Drug-Exposed Infants and "Boarder Babies"

Drug abuse by pregnant women has contributed to the rising number of infants and young children in foster care.

■ In a 1992 survey of selected child welfare agencies, 134 out of 152 or 88 percent reported that they are seeing more children entering family foster care who were prenatally exposed to alcohol or other drugs.[27]

- In 1991, 14 states reported a total of 9,686 drug-exposed infants. Only South Carolina, however, requires uniform testing of infants at birth.[28]

■ Children born drug-exposed often have special needs — medical, educational, and housing — that make it difficult to place them in foster care.

- In a 1992 survey of 132 selected child welfare agencies, 48 percent reported difficulty recruiting foster parents for children exposed prenatally to alcohol and other drugs.[29]
- Many drug-exposed infants begin life as "boarder babies," staying longer than medically necessary in hospitals because there are no foster families to take them.
  - A 1988 survey reported that 11 percent of babies born in several large urban hospitals were drug-exposed.[30]
  - A 1992 survey of 72 public and private nonprofit hospitals in 12 major metropolitan areas found 607 boarder babies in one month alone.[31]
  - Eighty-seven percent of the infants remained in a hospital for up to one month beyond their medical clearance, while the remaining 13 percent boarded at these hospitals from one month to more than three months.[32]

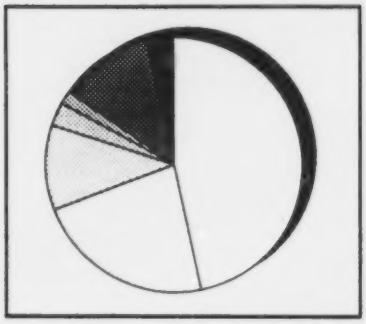
Children in Substitute Care

Over the past 15 years, several studies have estimated the number of children in substitute care. Despite variations in definitions and differences in methods of data collection, the estimates are relatively comparable and taken together describe trends since the mid-1970s.[33]

■ In 1977, an estimated 502,000 children were in foster care on a given day; this number dropped to approximately 263,000 in 1983.[34] During the mid-1980s, however, the foster care population began to grow again, to an estimated 429,000 in 1991[35] — and it is projected to grow to 550,000 by 1995.[36]

■ Actual numbers are difficult to generate because the federal government stopped collecting data on children in substitute care in the 1980s.*[37]

Reasons Children Entered Substitute Care, Estimated Percentages, 1988



- *Protection* 46.9%
- *Parent Absence* 22.3%
- *Delinquency* 10.9%
- *Handicap* 3.0%
- *Relinquishment* 1.7%
- *Other* 11.8%
- *Unknown* 3.4%

SOURCE: *American Public Welfare Association, Voluntary Cooperative Information System*

Figure 2

■ In 1988, more than two-thirds of children in substitute care entered care because of conditions related to their parents — either maltreatment or an inability or unwillingness to care for their children (see Figure 2).[38]

■ Almost half (46.9 percent) of out-of-home placements were for children who need protection from adults in their own homes.[39]

■ Almost a quarter (22.3 percent) entered care because of parental conditions or parental absence (for example, illness, death, handicap, or financial hardship). In some states, this category also includes drug abuse by parents.[40]

■ Nearly 11 percent of children who entered care did so because of status offenses (such as running away or truancy) or delinquency.[41]

■ Nearly 12 percent entered care for other reasons, such as problems between parent and child, a plan for adoption, or deinstitutionalization.[42]

■ Approximately 3 percent are in out-of-home care because of a physical, mental, or emotional disability.[43]

■ Less than 2 percent entered care because their parents relinquished parental rights.[44]

■ Just over 70 percent of children in substitute care at the end of 1988 lived in foster family homes.[45]

■ About one-fifth were living in group homes, emergency shelters, or other child facilities such as residential treatment centers.[46]

■ Minority children are overrepresented in the population of children in substitute care. In 1988, 51 percent of children in substitute care were of a racial or ethnic minority,[47] twice the proportion of minority children in the child population nationwide.

■ In an analysis of factors that place children at risk of maltreatment, however, race did not emerge when researchers took account of other risk factors (such as family income and family structure).[48]

* Currently, the main source of data is the American Public Welfare Association's voluntary survey of state child welfare agencies, known as the Voluntary Cooperative Information System (VCIS). Because participation in VCIS is voluntary and not all states respond to every question, the data should be considered rough national estimates.

The Child Welfare System

Misplaced Financial Incentives

Under current law, states receive significantly more federal funds to maintain children in foster care than to provide preventive services that can reduce the need for out-of-home placements.

■ Federal funding for preventive services is appropriated annually and has barely outpaced inflation over the past decade, while funding for out-of-home care is supported by an open-ended entitlement that grows automatically according to need.

- Adjusted for inflation, spending on preventive services has scarcely grown over the past decade. In 1981, the federal government spent approximately $247 million; in 1991 it spent $273 million.[49]

- Spending on out-of-home care more than tripled during that period. In constant dollars, the open-ended entitlement grew from approximately $467 million in 1981 to over $1.76 billion in 1991.[50]

■ The low level of federal funding for preventive services discourages the expansion of promising new approaches such as family preservation services — intensive, home-based intervention aimed at resolving family problems while keeping families intact.

- Family preservation services are available in 17 states[51] to help parents cope with the practical problems that contribute to family stress. They teach parenting skills and strategies for resolving conflicts, link parents and children to other community supports and services, and provide concrete services such as transportation, purchase of essential and sorely needed household items, and emergency assistance.

- Long-term studies of the effects and effectiveness of family preservation services are under way. Programmatic experience to date suggests that the approach holds considerable promise as a way of helping troubled families. Several programs have demonstrated success in offering services such as counseling, advocacy, parenting education, respite care, employment counseling, budgeting, and the purchase of emergency goods.[52]

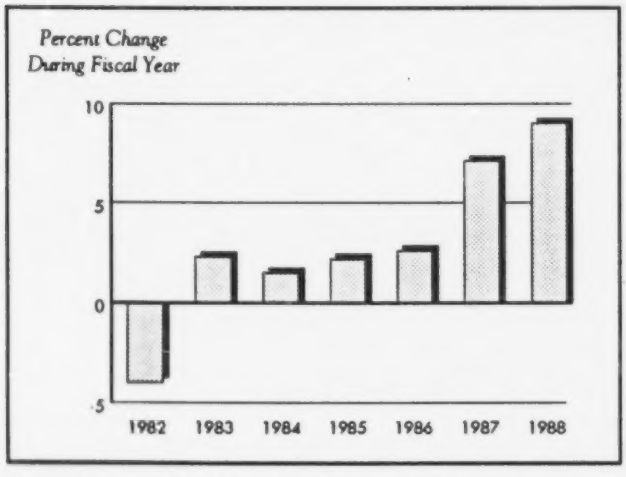
Greater Challenges, Fewer Resources

Increased reports of abuse and neglect and the growth of the foster care population have swamped the child welfare system, which investigates reports of abuse and neglect, recommends and oversees out-of-home placements, and provides counseling to children needing protective services. As a result of increased caseloads, many children never receive the continuity of care or the range of treatment services they need. Instead, many move from foster home to foster home and from caseworker to caseworker; some are never reunited with their families during childhood or provided a permanent alternative placement through adoption or some other long-term living arrangement.

■ From the late 1970s to 1985, there were several beneficial trends in child welfare — decreased placements of children in out-of-home care, reductions in the average time children spent in the child welfare system, more intensive in-home services for vulnerable children and families. These trends were reversed in the mid-1980s, however, as the number of troubled children and families began to grow.[53]

Changes in Number of Children in Substitute Care, 1982–1988

■ After falling 4 percent during fiscal year 1982, the number of children in foster care increased less than 3 percent per year each year between 1983 and 1986. Then in 1987 and 1988, the number of children in substitute care jumped by 7.1 percent and 9 percent, respectively (see Figure 3).[54]



SOURCE: *American Public Welfare Association, Voluntary Cooperative Information System*

Figure 3

■ Of the children in substitute care in 1988, almost 48 percent had experienced between two and five placements in the preceding three years, and 6.5 percent had experienced six or more placements,[55] despite widespread recognition that children do best in situations that provide continuity and stable, caring relationships with adults.

■ Of the children who left substitute care in 1988, almost 62 percent were either reunited with their families or placed with a parent, relative, or caretaker.[56]

■ About 8 percent reached the age of majority and were "emancipated" from the child welfare system.[57]

■ Another 8 percent were adopted.[58]

- About 19 percent of children left substitute care in 1988 because they ran away, were incarcerated, married, died, were discharged to another public agency, or had legal guardianship established.[59]

■ The percentage of children reunited with their families or placed with a parent, relative, or caretaker rose from almost 50 percent in 1982 to almost 62 percent in 1988. During the same period, the percentage of children in substitute care who were adopted declined from 10.4 percent to 8.4 percent.[60]

■ A growing number of children in foster care are medically needy, yet in most states the human service system lacks the capacity to address their special needs, such as special training for foster care providers and additional physical and mental health assistance for children. There is almost no uniform national data available on the scope of these problems.

■ Research on the impact of alcohol and other drugs on the child welfare system's ability to deliver services has been sporadic and fragmented, in part because of limits on the ability of child welfare organizations to collect, analyze, and report statistics on the children and families they serve.[61]

- Alcohol- and drug-related problems have a profound adverse affect on the child welfare system, compounding previously existing problems such as personnel shortages and shortages in the availability of foster homes. Problems associated with alcohol and other drugs have been increasing, particularly in the past five years. When asked if the number of children either affected by or using alcohol or drugs was higher in the past 12 months as compared with the previous five years, 176 out of 200 (88 percent) selected public and voluntary agencies answered yes.[62]

- Of 111,927 children served by 129 child welfare agencies throughout North America, 64,200 (58 percent) were reported to be affected by problems associated with drugs and/or alcohol. Of 89,106 children served in 100 child welfare agencies, the child's own use of alcohol or drugs was judged to be at least one of the problems present in 18,917 cases (21 percent).[63]

■ Increases in the number of severely troubled families who enter the child welfare system highlight the need for well-trained professionals to work intensively with them; yet large caseloads virtually preclude intensive counseling, and low salaries discourage trained professionals from entering or staying in the child welfare field.

- A 1990 survey found that child welfare workers average between 50 and 70 cases at any given time.[64]

- A 1989 nationwide survey of salaries in public and private child welfare agencies found that social workers with master's degrees earned an average of $26,764; those without master's degrees earned between $17,000 and $21,000.[65]

- In recent years, some states have lowered their hiring standards for child welfare positions. In 1987, roughly 50 percent of caseworkers had no experience working with children and families in human service agencies prior to their current position.[66]

- High turnover rates among caseworkers deny foster children the continuity of care that is often critical to their well-being.

  - In 1991, the mean turnover rate was 15 percent for caseworkers with Masters degrees in Social Work in private, not-for-profit child welfare agencies. For those direct practitioners with other graduate degrees, the rate was 13 percent.[67]

  - In county or city child welfare agencies, the mean turnover rate was 6 percent for practitioners with M.S.W. degrees and 8 percent for those with other graduate degrees.[68]

  - For state agencies, 1991 mean turnover rates were 12 percent for those with M.S.W. degrees and 16 percent for those with other degrees.[69]

- The federal Adoption Assistance and Child Welfare Act looks to the courts to ensure basic protection for children in dependency proceedings. But in many jurisdictions an overburdened juvenile and family court system and poor communication between judges and child-serving agencies contribute to poor decisions and inappropriate placements.[70] No system is in place to collect nationwide data, so estimates must be based on data from individual states.

  - The New York and Michigan courts reported increases of 157 percent and 316 percent, respectively, in child protection cases filed between 1984 and 1990. Many other states, staggering under huge increases in the numbers of reported child abuse and neglect cases, must select the most serious cases to bring to court. Rhode Island, for example, had a 259 percent increase in public reports of child abuse and neglect between 1981 and 1988 but only a 90 percent increase in family court cases filed between 1982 and 1989.[71]

  - Caseload pressures on juvenile and family court judges have grown dramatically. Six states that together experienced a 120 percent increase in child victim cases filed between 1984 and 1990 showed only a 7 percent increase in the number of family and juvenile court judges.[72]

  - In extreme cases, some judges may hear as many as 100 cases a day, which means that no case receives the careful attention it deserves.[73] The Presiding Judge at Los Angeles County Juvenile Court has estimated that judges currently hear 35 to 40 cases a day, spending an average of ten minutes on each case, and that the case load will double in five years for an average five minutes per case.[74]

Federal Programs Related to Child Welfare

Adoption Assistance and Child Welfare Act of 1980

■ *Authorization:* Adoption Assistance and Child Welfare Act of 1980.

■ *Purpose:* The act is designed to reduce the need for placing children in foster care by increasing the level of support services to families at risk of having a child removed from the home; to improve services to children in substitute care arrangements; and to promote "permanency planning," emphasizing the permanent placement of foster children through reunification with their families or through adoption.

■ *Eligibility:* Under this act, funds are available to states for child welfare and foster care services under Title IV-B and Title IV-E of the Social Security Act. To receive federal funds under Title IV-B, state child welfare agencies must comply with federal requirements to conduct an inventory of all children in foster care for at least six months; to maintain a statewide information system on all children in foster care; to operate a case review system for all children in foster care; and to provide reunification services and permanent placements for foster children. To be eligible for federal funds under Title IV-E, states must verify that "reasonable efforts" have been taken to prevent removal of a child from his or her family and must hold periodic reviews of foster care cases.

■ *Services:* States may use Title IV-B funds for child welfare services, including child abuse and neglect prevention, family preservation, adoption placement, and substitute care arrangements for children who have been removed from their homes but who are not yet permanently placed. States are partially reimbursed under Title IV-E for costs related to the following: maintaining in foster care children who are eligible for Aid to Families with Dependent Children (AFDC); assisting in the placement and adoption of children with special needs who are eligible for AFDC or Supplemental Security Income; and operating "independent living" programs for foster children over age 16 (up to age 21 at state option) to help them make the transition to self-sufficiency and adulthood.

■ *Funding:* Grants to states under Title IV-B are appropriated annually, while grants under Title IV-E are an "open-ended entitlement," meaning that states are reimbursed for whatever eligible expenses they incur. In 1991, the federal government spent approximately $274 million on grants to states under Title IV-B and approximately $2.1 billion under Title IV-E.[75]

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Federal, state, and local government spending patterns can tell us much about how our society perceives and addresses the needs of children and families. Government spending alone does not reflect the nation's priorities; many invaluable supports for children and families come from private sources, such as employers, private community service agencies, religious organizations, the philanthropic and voluntary communities, and families themselves. Yet, the proportion of public budgets spent on children suggests the extent to which the needs of young citizens are a public priority and the extent to which public expenditures match important needs.

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The following is a descriptive outline of public spending for children based on budget data from the 1991 fiscal year (FY 1991). The figures represent estimates prepared by the National Commission on Children. To make the data more precise, the Commission attempted to isolate expenditures on children from programs serving both children and adults.

■ Direct public spending on children totaled at least $295 billion in 1991.

- State and local expenditures accounted for three-quarters ($220 billion) of public spending on children, while the federal government provided one-quarter ($75 billion).
- Combined federal, state, and local expenditures on children exceeded 5 percent of the nation's $5.7 trillion Gross Domestic Product in 1991.[1]

■ Direct federal spending on children is supplemented by a significant amount of assistance provided through the federal income tax code. In 1991, tax exemptions and credits channeled $29 billion in aid to children — about 40 percent of federal program spending for children ($75 billion) that same year.

- The most important source of federal tax relief for families with children is the dependent exemption, which reduced families' tax burden by $21 billion in 1991. The exemption allows taxpayers to deduct from their taxable income a certain amount of money for each child ($2,150 per dependent in 1991).
- The Earned Income Tax Credit funneled $5.5 billion to children in 1991. This credit supplements the wages of low-income working families with children.
- The Dependent Care Tax Credit saved families with children $2.7 billion in 1991. This provision allows parents to credit a portion of their child care costs against their tax bill.

■ The federal government devotes a large share of its resources to the elderly, while spending relatively little on children.

- The federal government spent $374 billion on Social Security and Medicare, the universal entitlement programs for the elderly, in 1991. This sum represents 28 percent of total federal outlays. By contrast, children received less than 6 percent of total federal outlays in 1991.
- Federal outlays for Social Security and Medicare equaled $12,210 per person over age 65 in 1991. By contrast, federal outlays on children translated into $1,142 per child that same year.

■ State and local governments play the leading role in serving children, primarily by funding elementary and secondary education.

- State and local government spending on children — more than $3,300 per child — represented more than 37 percent of total state and local outlays in 1991.[2]
- The bulk ($205 billion or 93 percent) of identifiable state and local expenditures on children in 1991 was for elementary and secondary education, the universal entitlement for children. State and local expenditures on elementary and secondary education are almost 20 times greater than federal expenditures ($10.9 billion) in that area.

■ Direct federal spending on children serves a number of important purposes and is divided among several broad areas. Income security is the largest area, accounting for 30 percent of federal outlays on behalf of children. Nutrition (23 percent) is the second largest area, followed by education (15 percent) and health (13 percent).

■ Federal spending on children is even more fragmented on a program basis. The five largest federal programs for children are listed below, along with an estimate of each program's spending on children in 1991 and each program's share of direct federal spending on children:

- Social Security, $12.1 billion (16.1 percent)
- Food Stamps, $9.7 billion (12.8 percent)
- Aid to Families with Dependent Children, $9.1 billion (12.1 percent)
- Medicaid, $8.2 billion (10.9 percent)
- Subsidized Housing, $5.6 billion (7.4 percent)

■ Almost two-thirds (64 percent) of federal spending on children is targeted toward low-income children.

- Of the five largest federal programs for children, listed above, only Social Security is not limited to low-income families.

■ The Department of Health and Human Services (DHHS) is the most important federal agency for children. Programs administered by DHHS account for 50 percent of federal expenditures on children.

- Aside from DHHS, the departments accounting for the largest shares of federal expenditures on children are Agriculture (23 percent), Education (14 percent), and Housing and Urban Development (9 percent).

■ In 1991, federal outlays per child were roughly comparable to federal outlays per person for national defense and for interest payments on the national debt.[3]

■ Federal outlays per child were $1,142. Federal outlays on national defense per person were $1,088, while federal interest payments on the national debt totaled $1,139 per person.

Public Spending on Children

TABLE 1. Direct and Indirect Federal Spending on Children, by Program Area, FY 1991

(billions of dollars)

Income security	
Social Security	$12.10
Aid to Families with Dependent Children (AFDC)	9.09
Child support enforcement	.59
Veterans' benefits	.35
Refugee assistance	.11
Black lung disability	.09
Railroad Retirement	.05
Subtotal	**$22.38**
Nutrition	
Food Stamps	$9.67
Child nutrition	5.54
Special Supplemental Food Program for Women, Infants, and Children (WIC)	2.28
Commodity Supplemental Food	.07
Special Milk	.02
Subtotal	**$17.58**

TABLE 1. Continued

	(billions of dollars)
Education	
Chapter 1 (compensatory education)	$5.22
Special Education for the Handicapped	2.17
Chapter 2 (block grants to states)	1.37
Impact aid	.75
Vocational education	.57
Other	.77
Subtotal	$10.85
Health	
Medicaid	$8.22
Maternal and Child Health Block Grant	.59
National Institute of Child Health and Human Development	.49
Immunization	.22
Family planning	.14
Other	.06
Subtotal	$9.72
Housing	
Subsidized housing	$5.58
Public housing	.80
Shelter for the homeless	.04
Subtotal	$6.42

TABLE 1. Continued

	(billions of dollars)
Social services	
Foster Care and Adoption Assistance (Title IV-E)	$2.12
Head Start	2.06
Social services block grant	1.13
Child Welfare (Title IV-B)	.28
ACTION volunteer programs	.08
Juvenile Justice and Delinquency Prevention	.07
Adolescent Family Life	.01
Other	.37
Subtotal	**$6.12**
Job Training	
Job Corps	$0.81
Job Training Partnership Act (Title II-A)	.71
Summer youth employment	.70
Subtotal	**$2.22**
Subtotal, Direct Federal Spending	**$75.29**
Federal Tax Assistance to Families with Children	
Dependent tax exemption	$21.00
Earned Income Tax Credit	5.53
Dependent Care Credit	2.65
Child health credit	.01
Subtotal, Federal Tax Assistance	**$29.19**
Total, Direct and Indirect Federal Assistance	**$104.48**

TABLE 2. Federal Outlays on Children, by Department, FY 1991

	(billions of dollars)
Health and Human Services	$37.58 (49.9%)
Agriculture	17.58 (23.3%)
Education	10.85 (14.4%)
Housing and Urban Development	6.42 (8.5%)
Labor	2.31 (3.1%)
Veterans' Affairs	.35 (0.5%)
Independent agencies	.13 (0.2%)
Justice	.07 (0.1%)
Total	**$75.29** (100.0%)

TABLE 3. Identifiable State and Local Expenditures on Children, FY 1991

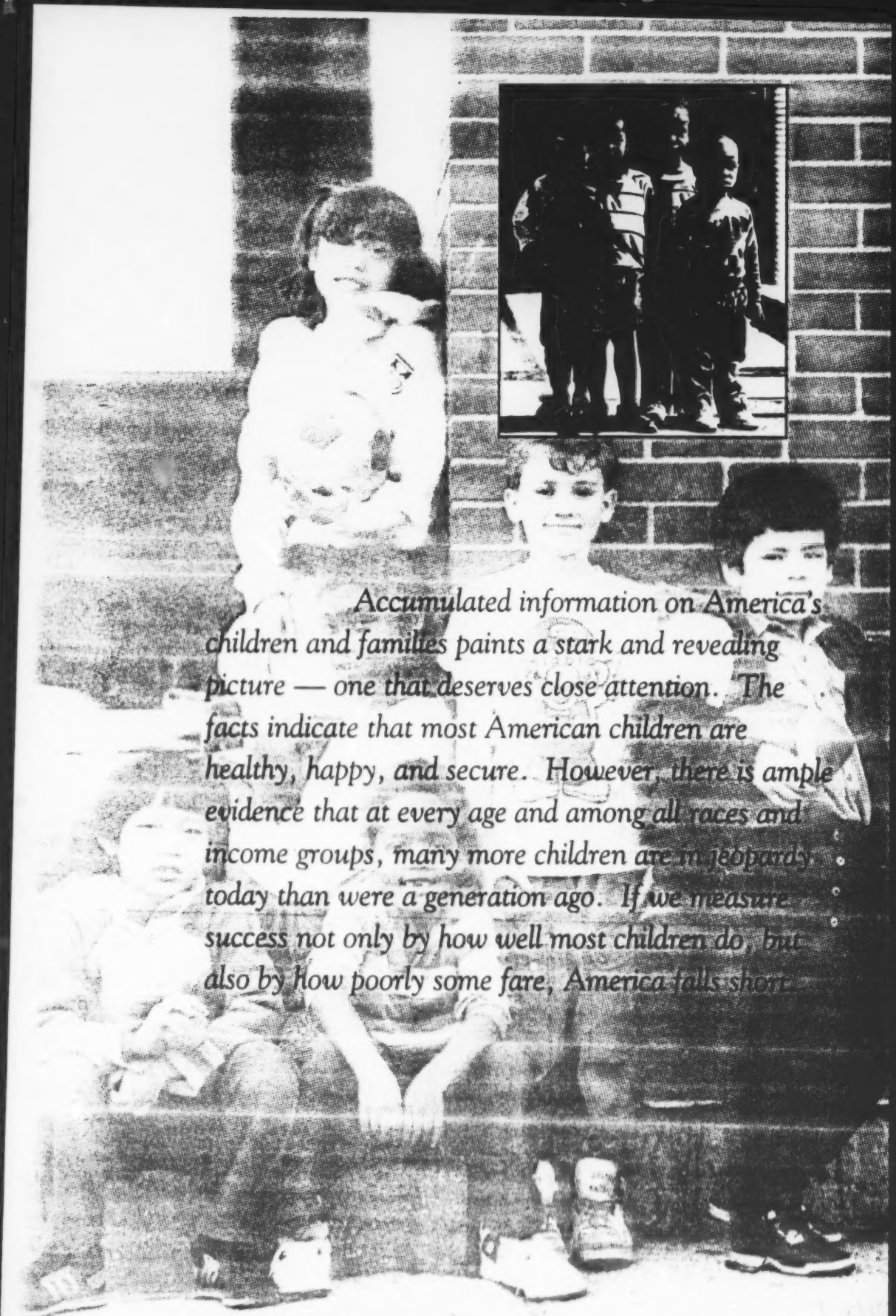
	(billions of dollars)
State elementary and secondary education	$108.01
Local elementary and secondary education	97.33
State and local AFDC	6.77
State Medicaid	6.39
State foster care	1.58
Total	**$220.08**

Notes

[1]The estimate for state and local spending on children is a minimum, representing *identifiable* expenditures on education, welfare, health care, and foster care. Due to the number of state and local governments and the complexity of their budgets, it was impossible to estimate state and local expenditures on child care, job training, preschool education, and other services to children.

[2]These figures are minima because all state and local expenditures for children cannot be identified.

[3]Per person expenditures are used for national defense and interest payments on the federal debt because these funds are spent on behalf of the entire population. Outlays for national defense and interest payments on the debt would be four times greater on a per child basis.



Accumulated information on America's children and families paints a stark and revealing picture — one that deserves close attention. The facts indicate that most American children are healthy, happy, and secure. However, there is ample evidence that at every age and among all races and income groups, many more children are in jeopardy today than were a generation ago. If we measure success not only by how well most children do, but also by how poorly some fare, America falls short.

In its report, Beyond Rhetoric: A New American Agenda for Children and Families, *the bipartisan National Commission on Children proposed a comprehensive policy agenda for the 1990s to strengthen America's families and support the health and well-being of their children. The Commission's recommendations flow from a set of guiding principles concerning children's basic needs, parents' roles and responsibilities, and society's obligations:*

■ Every American child should have the opportunity to develop to his or her full potential.

■ Parents bear primary responsibility for meeting their children's physical, emotional, and intellectual needs and for providing moral guidance and direction. It is in society's best interests to support parents in their childrearing roles, to enable them to fulfill their obligations, and to hold them responsible for the care and support of their children.

■ Children do best when they have the personal involvement and material support of a father and a mother and when both parents fulfill their responsibility to be loving providers.

■ The family is and should remain society's primary institution for bringing children into the world and for supporting their growth and development throughout childhood.

■ Cultural diversity is one of America's greatest riches; it must be respected and preserved, while at the same time ensuring that all children have an equal opportunity to enter the social and economic mainstream.

■ Community institutions — schools, religious organizations, service and charitable organizations, and employers — have an important role in creating an environment that is supportive of parents and children.

■ Communities have a responsibility to provide safe, secure environments for families with children.

■ Society has a legitimate interest in childrearing and a moral obligation to intervene whenever parents who fail to meet their responsibilities put their children at risk.

■ Preventing problems before they become crises is the most effective and cost-effective way to address the needs of troubled families and vulnerable children.

■ Basic moral values are part of our national heritage and should guide society in its actions toward children and families.

■ Effectively addressing the needs of America's children and families will require a significant commitment of time, leadership, and financial resources by individuals, the private sector, and government at all levels.

Coherent national policies for children and families require both a greater emphasis on family values and more effective governmental intervention. Therefore, the Commission's recommendations are directed to the public and private sectors and to individuals as well as institutions. Taken together, they form a bold blueprint for strengthening families and promoting the healthy development of all the nation's children.

Ensuring Income Security

A basic step toward ensuring that American children have the opportunity to become healthy, literate, and productive adults is ensuring that they grow up in families with a decent income. Therefore, the National Commission on Children recommends the development over the coming decade of a comprehensive income support plan for families that is based on fundamental American principles of work, family, and independence.

■ The Commission recommends the creation of a $1,000 refundable child tax credit for all children through age 18 and elimination of the personal exemption for dependent children to partially offset the costs. This refundable credit would benefit all families with children, regardless of their income or tax liability.

■ The Commission strongly endorses the Earned Income Tax Credit (EITC), as recently expanded, to encourage low-income parents to enter the paid labor force and strive for economic independence. The EITC subsidizes the wages of employed parents in low-wage jobs. As a refundable credit, it provides a cash benefit to poor working families with children, regardless of their tax liability.

■ The Commission recommends that a demonstration of suitable scale be designed and implemented to test an insured child support plan that would combine enhanced child support enforcement with a government-insured benefit when absent parents do not meet their support obligations. Contingent on positive findings from this demonstration, the Commission recommends the establishment of the insured child support benefit in every state. The primary goal of this proposal is to hold absent parents accountable and to ensure that they pay a fair share of their children's material support. When parents' payments fall below an established minimum level, the federal government would insure the economic security of children in single-parent families by making up the difference through payments from a social insurance system.

■ Recognizing that many low-income parents require supports and services to enable them to enter the paid labor market and become reliable employees, the Commission strongly endorses the Job Opportunities and Basic Skills (JOBS) program and the provision of transitional supports and services to low-income parents moving from welfare to work.

■ For parents who are able and willing to work but cannot find a job, the Commission recommends that states and localities provide community employment opportunities where feasible and appropriate. We do not recommend the establishment of a major new federal employment program. We urge the Secretaries of Labor and of Health and Human Services to explore waivers allowing the states to use some portion of their federal employment and training funds, as well as other social services funds, to support public employment and community work opportunities for parents moving from welfare to work.

■ The Commission believes that the five recommendations above will significantly reduce long-term dependency on Aid to Families with Dependent Children (AFDC). Therefore, once these essential elements are in place, the Commission recommends that welfare be reoriented as short-term relief in periods of unanticipated unemployment, disability, or other economic hardship to provide a safety net for poor families with children who through no fault of their own would otherwise fall through the cracks. With this sharper focus, AFDC could help single-parent and two-parent families achieve economic self-sufficiency, while at the same time affording protection to their children. The clear goal of the program would be to help families help themselves.

Improving Health (Majority Recommendations)*

Good health is essential to children's growth and development and to their future prospects. Far too many children and pregnant women live in unhealthful environments and lack access to essential health care. Therefore, a majority of commissioners developed a plan to protect the health of children and pregnant women that calls for a major commitment from families, communities, health care providers, employers, and government to meet children's basic health needs and to ensure that all children and pregnant women have access to health care.

* The National Commission on Children did not reach consensus on strategies for addressing the health needs of the nation's children and pregnant women. All but 9 of the 34 commissioners endorsed the recommendations summarized here.

■ The Commission recommends that parents protect their children's health by protecting their own health and being role models for healthful behavior, by doing everything in their power to provide a safe home environment, and by seeking and advocating for essential health services for their children.

■ The Commission recommends that communities take responsibility for creating safe neighborhoods, supporting the development of community-based health education and health care programs, and sponsoring activities and special projects to help families gain access to needed services.

■ Healthful behaviors and lifestyles are not enough to ensure optimum health. Without access to health care, many pregnant women will be at risk of poor birth outcomes, and many children will experience problems that can severely compromise their long-term health and development. The Commission recommends that government and employers together develop a universal system of health insurance for pregnant women and for children through age 18 that includes a basic level of care and provisions to contain costs and improve the quality of care. The components of the proposed system include the following:

- Employers would be required to provide health insurance for pregnant employees or nonworking spouses of employees and their dependent children. They would have the option of purchasing coverage in the private insurance market or through a new public plan.

- Through a newly established public plan, the federal government would guarantee that affordable coverage is available to all those not covered under employer plans. Coverage under the new plan would not be linked to welfare. Consumers would share premium costs; for low-income children and pregnant women, coverage would be subsidized.

- A basic minimum standard of coverage, set by the federal government and developed in partnership with insurers, would apply to both private health insurance and the new public plan. Standard coverage should include medical and surgical care; inpatient, outpatient, and diagnostic services; mental health services; prescription drugs; and family planning. Preventive services such as prenatal care, immunizations, scheduled well-child visits, and others that have been shown to be cost-effective would be covered.

- Employers and government must take steps to improve the quality and contain the costs of health care services, including extending Medicare's increasingly effective hospital and physician payment system to the new public program, requiring consumer cost sharing, and adopting managed care systems.

- To reduce the barriers faced by small firms purchasing insurance, reforms of the private insurance market are needed. Tax subsidies would be established to help offset the employer share of premium costs for small firms.

■ Ensuring that all children and pregnant women have the means to pay for medical services is essential, but it is not sufficient to guarantee that they will receive high-quality care. Therefore, the Commission recommends that the federal and state governments expand effective health care programs that provide services for underserved populations. Specifically, the Commission proposes expansions of several effective federal programs that extend health care to underserved populations and to persons in geographically isolated areas:

- the National Health Service Corps;
- Community and Migrant Health Centers;
- the Maternal and Child Health Block Grant; and
- the Special Supplemental Food Program for Women, Infants, and Children (WIC).

■ The way services are organized and delivered also prevents many children and pregnant women from obtaining health care. The Commission recommends that health professionals work together with professionals from other disciplines to improve the quality and comprehensiveness of health and social services, participate in publicly funded programs, and serve their communities as volunteers and resource persons.

Improving Health (Minority Recommendations)*

Nine commissioners recommend a package of health care reforms based on the following principles: individuals must assume responsibility for their health, and any reform must have prevention as its key goal; the family unit is the principal health educator, and single parenthood creates significant risks for children's health; all people should be able to obtain necessary health care through a private-public partnership; health care delivery and financing schemes should constrain the rate of growth in health care expenditures; and any health care reform design should promote innovation, not adversely affect economic growth and stability, and promote the delivery of high-quality, cost-effective care. These commissioners recommend:

* Because nine commissioners had fundamental disagreements with the key recommendations presented in the majority chapter on health care, a minority chapter on health care is also included in the report of the National Commission on Children. The following is a summary of the minority chapter.

■ All programs and services for children and youth should ensure that they involve parents and respect their values, taking care not to undermine parents' authority or to diminish their important role and influence in adolescent decision making;

■ Problems resulting from malnutrition should be addressed by combating the climate of violence, drugs, and promiscuous sexual activity instead of simply increasing funding for the Special Supplemental Food Program for Women, Infants, and Children (WIC);

■ Increased support for abstinence education is recommended as a means of reducing the spread of sexually transmitted diseases (STDs) and AIDS, as well as the rate of unwed teenage pregnancies;

■ The media and other community organizations should take seriously their role in promoting healthy behaviors on the part of parents and children and do nothing to either glamorize or reinforce unhealthy lifestyles, such as the use of drugs, sexual promiscuity, smoking, and unhealthy dietary habits.

These commissioners believe that the financing of health care in the United States will only be truly reformed by empowering consumers and permitting undistorted markets to function in medical care and insurance and by restructuring existing tax subsidies and public programs to target those who are in greatest need. As important as health care financing is to the health of families and children, the commissioners also believe that the weakening of the structure of the American family may be an even greater threat to the health of children. Consequently, one of the surest practical routes to preserving the health and well-being of children is to strengthen the American family.

Increasing Educational Achievement

To ensure that every child enters school ready to learn and that every school meets the needs of all its students, the National Commission on Children proposes five related strategies:

■ We recommend that all children, from the prenatal period through the first years of life, receive the care and support they need to enter school ready to learn — namely, good health care, nurturing environments, and experiences that enhance their development. In particular, we urge that Head Start, the federal government's early education and child development program, be made available to every income-eligible child in the United States.

■ We recommend that the educational system adopt a series of fundamental reforms, including:

- a rigorous and challenging academic curriculum;
- measures to recruit and retain skilled teachers;
- measures to improve the effectiveness of principals;
- school-based management;
- greater accountability by all parties responsible for the quality of education;
- improvements in the school environment;
- equitable financing across school districts.

■ We encourage states to explore school choice policies as part of an overall plan to restructure and improve public schools. School choice should only be implemented where accountability measures are specified and where the special needs of educationally disadvantaged students are addressed.

■ We recommend that all schools and communities reevaluate the services they currently offer and design creative, multidisciplinary initiatives to help children with serious and multiple needs reach their academic potential.

■ We recommend that parents, communities, employers, and the media take mutually reinforcing steps to emphasize to young people the personal rewards and long-term benefits of academic and intellectual achievement, cultural enrichment, hard work, and perseverance.

Preparing Adolescents for Adulthood

To help all young people successfully navigate the passage from childhood to adulthood, the National Commission on Children offers the following recommendations:

■ We recommend that individual adults, communities, and the public and private sectors take aggressive steps to ensure that all young people have access to a broad array of supports in their communities to promote healthy adolescent development and help them avoid high-risk behaviors — including school dropout, premature sexual activity, juvenile delinquency, crime and violence, and alcohol and drug abuse — that jeopardize their futures.

Parents have the primary responsibility for guiding their children and teaching through example. Other caring adults can also support young people's development by providing counsel, reinforcement, and constructive examples. Young people also need the means to pursue their dreams and reasons to avoid reckless or harmful behaviors that place them in jeopardy. Among the preventive services that should be available to every adolescent are:

- tutoring and other school assistance;
- drug and alcohol prevention;
- peer support activities;
- opportunities to explore life options and plan their futures;
- family-life programs that urge abstinence to prevent pregnancy and sexually transmitted diseases;
- comprehensive health services, including family planning and contraception for those adolescents who are sexually active;
- opportunities for recreation and cultural enrichment; and
- opportunities to learn about and explore their community.

■ We recommend that parents, schools, employers, and government initiate or expand efforts to introduce young people to employment and career options; to help them acquire the skills, knowledge, and experience for their chosen fields; and to link more closely the worlds of school and work.

■ We recommend that communities create and expand opportunities for community service by young people.

Strengthening and Supporting Families

When society values children and the quality of family life, individuals, families themselves, and outside institutions are moved to make the necessary commitment and create supportive environments at home, at school, at work, and in the community. The National Commission on Children offers the following recommendations to support and strengthen families:

■ We urge individuals and society to reaffirm their commitment to forming and supporting strong, stable families as the best environment for raising children.

■ We emphasize the need for both parents to share responsibility for planning their families and delaying pregnancy until they are financially and emotionally capable of assuming the obligations of parenthood. Although decisions concerning family planning are and should continue to remain a private matter, public support for family planning services should be sustained to ensure that all families, regardless of income, can plan responsibly for parenthood.

■ We recommend that government and all private sector employers establish family-oriented policies and practices — including family and medical leave policies, flexible work-scheduling alternatives, and career sequencing — to enable employed mothers and fathers to meet their work and family responsibilities. A majority of commissioners strongly recommend that the federal government require all employers to provide the option of a job-protected leave at the time of childbirth, adoption, and family and medical emergencies. A minority of commissioners strongly oppose federal mandates.

■ We recommend that government at all levels, communities, and employers continue to improve the availability, affordability, and quality of child care services for all children and families that need them. The Commission applauds the 1990 enactment of the Child Care and Development Block Grant program (CCDBG) as a major step forward. We urge Congress to follow through with appropriations to ensure that high-quality child care services are available to all children and families that need them and to appropriate additional resources to augment existing funds in order to improve the quality and accessibility of child care services.

■ We recommend that federal, state, and local governments, in partnership with private community organizations, develop and expand community-based family support programs to provide parents with the knowledge, skills, and support they need to raise their children. A majority of commissioners call for a substantial investment of federal and nonfederal funds over five years for the creation and expansion of family support centers in every state. Some commissioners are concerned that a fiscal commitment of this magnitude requires careful attention to the design and evaluation of the expanded services to ensure that they produce outcomes that are beneficial to the families who need them.

Protecting Vulnerable Children and Their Families

The National Commission on Children believes that the child welfare system is in need of fundamental reform. To reduce the likelihood of family crises and lessen the need for children to be removed from their homes and to ensure that all children entering foster care are placed promptly in stable, nurturing, and permanent arrangements, the Commission makes the following recommendation:

■ We recommend a comprehensive community-level approach to strengthen families. We believe that early family support and the availability of preventive services will ultimately lessen the need for children to be removed from their homes. We therefore urge that programs and services for vulnerable children and their families be restructured to include three complementary approaches:

- Promoting child development and healthy family functioning through locally controlled and coordinated community-based family support networks that offer access and referrals to a broad range of services, including health and mental health care, education, recreation, housing, parenting education and support, employment and training, and substance abuse prevention and treatment.

- Assisting families and children in need in order to strengthen and preserve families that voluntarily seek help before their problems become acute. Human service programs — including health and mental health, juvenile services, substance abuse programs, education, and economic and social supports — must collaborate to provide prevention and early intervention services that offer practical solutions to problems faced by families in crisis.

- Protecting abused and neglected children through more comprehensive child protective services, with a strong emphasis on efforts to keep children with their families or to provide permanent placement for those removed from their homes. In particular, when babies are abandoned at birth and when repeated attempts to reunify older children and parents have failed, the adoption process should be streamlined to expedite placement of children in permanent, stable families.

A majority of commissioners recommend changing Title IV-B to an entitlement, making funds equally available for the provision of family preservation services and for foster care. This will eliminate any fiscal incentive for removing children from their homes unnecessarily by ensuring that states have adequate funds for prevention. A minority of commissioners believe that the current problems in child welfare are not related primarily to inadequate funding. They recommend that the relationship between Titles IV-B and IV-E be altered to allow greater flexibility in spending monies for preventive services.

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Making Policies and Programs Work

The present system of human services generally fails to meet the needs of seriously troubled families. To bring greater cohesion and efficiency to the delivery of public health and social services and to enhance the ability of these services to meet the needs of severely troubled children and families, the National Commission on Children offers the following proposals:

■ We recommend a series of changes in the organization, administration, implementation, and budget of programs at all levels of government to encourage a more collaborative and comprehensive service delivery system, including:

- greater coordination of child and family policies across the executive branch;
- creation of a joint congressional committee on children and families to promote greater coordination and collaboration across the authorizing and appropriating committees with jurisdiction over relevant policies and programs;
- decategorization of selected federal programs to bring greater cohesion and flexibility to programs for children and families;
- uniform eligibility criteria and consolidated, streamlined application processes for the major federal means-tested programs and for other programs that serve the same or overlapping populations;
- incentives to encourage demonstration projects and other experiments in coordination and collaboration of services at the state and local levels;
- new accountability measures that focus on enhanced child and family well-being, rather than solely on administrative procedures.

■ We call upon the nation to increase its investment in the prevention of problems that limit individual potential and drain social resources.

■ We recommend that salaries and training opportunities be significantly increased in the early childhood and child welfare fields and that states and school districts with teachers' salaries below the national average bring these salaries up to the average. In every case, pay structures and incentives should be linked to demonstrated competence.

Creating a Moral Climate for Children

Today, too many young people seem adrift, without a steady moral compass to direct their daily behavior or to plot a thoughtful and responsible course for their lives. Children and adolescents need clear, consistent messages about personal conduct and public responsibility. The National Commission on Children urges public and private sector leaders, community institutions, and individual Americans to renew their commitment to the fundamental values of human dignity, character, and citizenship, and to demonstrate that commitment through individual actions and national priorities.

■ We recommend that parents be more vigilant and aggressive guardians of their children's moral development, monitoring the values to which their children are exposed, discussing conflicting messages with their children, and, if necessary, limiting or precluding their children's exposure to images that parents consider offensive.

■ We recommend that the recording industry continue and enhance its efforts to avoid the distribution of inappropriate materials to children.

■ We recommend that television producers exercise greater restraint in the content of programming for children. We further urge television stations to exercise restraint in the amount and type of advertising aired during children's programs.

■ We recommend that communities create opportunities for voluntary service by children and adults and recognize the contributions of volunteers that better the community and assist its members.

■ We urge all Americans to renew their personal commitment to the common good and demonstrate this commitment by giving highest priority to personal actions and public policies that promote the health and well-being of the nation's children.

Investing in America's Future

Implementation of the Commission's recommendations will cost approximately $52 billion to $56 billion in new federal funds in the first year. To cover the federal share of costs associated with our recommendations, the Commission offers seven alternative financing options that variously combine reallocation of existing resources, caps on federal spending, and increases in some taxes. While the specific components of these financing options vary widely, each is based on three general principles:

■ Deficit neutrality. We recognize the need to generate significant funds to cover the cost of our recommendations, rather than add to the existing federal deficit.

■ Progressivity. We are reluctant to add further to the taxes paid by young workers raising families, since these families have been especially hard hit by economic changes and increases in relative tax burdens in recent decades.

■ Growth. We looked for sources of revenue with the potential to grow over time.

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